



Fiscal Year 2016-2017 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, Suite 440
Pensacola, Florida 32502

Please submit:

- A copy of your organization's 2014 or 2015 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: African American Heritage Society, Inc.

Agency Address: 200 East Church Street
Pensacola, Florida 32502-6017

Program Name: Heritage Programs 2016-2017

Program Contact: Lornetta T. Epps

Contact Email: aaahs990@earthlink.net

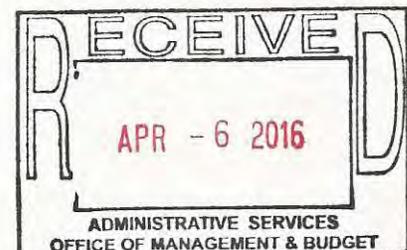
Contact Phone: 850.469.1456

25-Word Description of Program:

A series of programs, projects, and presentations designed to increase the public's knowledge, awareness and appreciation of African American history and culture in Northwest Florida.

Amount Requested: 25,000.00

Amount Received Last Year, if applicable: 25,000.00





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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 the following programs and presentations:

1. The launch of The Heritage Scholars Program for elementary and middle school students. Executed two (2) classes and a five (5) day summer camp.
2. Presentation of the exclusive film screening of "Life's Essentials With Ruby Dee"
3. Continuation of the Humanities Program Series Vanishing Occupations: Isaac Burns Murphy: Prince of Jockeys" and "Black Farmers"
4. Travelling Exhibit at The Coulson House: Isaac Burns Murphy: Prince of Jockeys"- November 1 - 15 December 2015.
5. The update and publication of the third edition of The African American Heritage Trail Brochure
6. Black History Month Speakers Bureau at NAS Exchange

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

The funds requested will be used to execute our public programs, operations and employment of office personnel. Our programmatic goal fiscal year 2016-2017 includes the following:

1. To continue and increase the capacity of the Heritage Scholars Program and Summer Camp
2. To publish the final edition of "When Black Folks Was Colored" - the sixth book in the anthology of life in Pensacola during the Jim Crow Era
3. To update and print the African American Heritage Trail
4. To contribute and participate in the Old Spanish Trail Conference to be held in Pensacola December, 2016.
5. To execute the Florida Humanities Series
6. To participate in and contribute to the 3rd Foo Foo Festival, November 2016 with a Storytellers Circle Program
7. To continue the Black History Month Speakers Bureau

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

A shortfall of funding 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. A decrease in the hours of employment will cause decrease in the availability of The Coulson House to the public.



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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 successfully procured a \$5,000 Florida Humanities Mini-Grant each year which requires a 100% cash and in-kind match. The Foo Foo Festival grant also requires a cash and in-kind match.

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

For example, "reduce homelessness in Escambia County"

1. To continue to offer programs and events that significantly contribute to and diversify cultural tourism in Northwest Florida
2. To continue to enhance the programs that diversity the cultural, commercial and community landscape to further The Society's cultural tourism potential.
3. To continue to increase partnerships with local and 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."

1. The success of our programs will be measured by the attendance of the the public at program offerings and exhibits.
2. Each program will be evaluated by the public with surveys 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."

1. Increase our long term partnerships from the current list of five (UWF Historic Trust, Pensacola State College Multicultural Committee, Florida African American Heritage Preservation Network, Jack and Jill Corporation of America) to six (6).
2. Increase the attendance at public programs over 35% from the previous fiscal year
3. Increase the capacity and participation of the Heritage Scholars Program



Fiscal Year 2016-2017 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	15,768.00	10,000.00	12,000.00
Programmatic Income	3,128.00	5,658.00	7,500.00
County Funding	26,929.00	25,000.00	25,000.00
City Funding	500.00	1,000.00	5,000.00
State Funding	4,500.00	5,500.00	5,500.00
Federal Funding	0.00	0.00	0.00
Memberships	1,070.00	2,000.00	2,500.00
Investment Income	0.00	0.00	0.00
Other Income	4,568.00	8,088.00	0.00
Total Income	56,463.00	58,256.00	57,500.00



**Fiscal Year 2016-2017
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	2.00	2.00	2.00
Salaries and Wages	11,180.00	13,500.00	14,500.00
Employee Benefits	3,577.00	3,750.00	4,500.00
Professional Services	3,700.00	4,000.00	4,000.00
Contractual Services	5,530.00	6,906.00	6,500.00
Travel Expenses	0.00	0.00	0.00
Rentals and Leases	0.00	0.00	0.00
Communication	1,468.00	1,600.00	2,000.00
Postage and Freight	781.00	1,000.00	1,000.00
Repair and Maintenance	650.00	1,500.00	1,000.00
Printing and Binding	3,364.00	4,500.00	2,500.00
Marketing and Promotion	0.00	1,000.00	1,000.00
Fuel	0.00	0.00	0.00



Fiscal Year 2016-2017 ESCAMBIA COUNTY AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	1,756.00	2,000.00	2,000.00
Other Expenses Programs	17,454.00	18,500.00	18,500.00
Capitalizable Assets	0.00	0.00	0.00
Total Expenses	49,460.00	58,256.00	57,500.00
Net Income	8,088	0.00	0.00

Please explain any capitalizable asset contained in your request.

N/A

PERFORMANCE METRICS FOR
THE AFRICAN AMERICAN HERITAGE SOCIETY, INC.
OCTOBER 1, 2015 – March 31, 2016

1. Hosted the Florida African American Heritage Preservation Network Conference at the Coulson House 31 October 2015, sixteen people in attendance.
2. Presented Florida Humanities Program, *Isaac Murphy Burns: Prince of Jockeys*, with lecturer Dr. Pellom McDaniels, Emory University, 7 November 2015 at the Bowden Building Classroom in conjunction with the Foo Foo Festival.
3. Hosted the exhibit, *Isaac Murphy Burns: Prince of Jockeys* at the Coulson House A T & T Gallery from 1 November – 15 December 2015. 52 people visited the gallery during this time.
4. An analysis of our visitor sign in sheet during this period reveals that we had an average of 5 visitors per day to the Coulson House during operating hours. The staff for the operating hours are underwritten by this grant. The visitors were from the states of:
 - a. Florida – Pensacola, Fort Walton Beach, Jacksonville, Miami and Daytona Beach
 - b. Alabama: Gulf Shores, Mobile and Birmingham
 - c. Georgia: Atlanta, Hampton
 - d. Mississippi
 - e. Louisiana – New Orleans, Covington
 - f. Texas
 - g. Oklahoma
 - h. Ohio
 - i. California
 - j. Kentucky
 - k. Germany
 - l. Canada
 - m. Illinois
5. Presented Black History program by our Readers Ensemble at Naval Air Station Exchange with 97 people in attendance. The readings were from our publications "*When Black Folks Was Colored*".
6. Presented Florida Humanities program *Black Farmers* with Professor Charlene Gilbert, Ohio State University, 6 March 2016, at Pensacola State College Hagler Auditorium.
7. Produced an AWARE! Show with WSRE-TV and the Pensacola Multicultural Committee featuring Professor Gilbert on the subject of The Black Farmer. The interview was filmed on 5 March and was aired on 4/9 and 4/10/2016. WSRE's actual viewership is approximately 80,000 people per week.
8. Presented a call for manuscripts for the final volume of *When Black Folks Was Colored*. The call deadline was 31 March and we received 27 manuscripts for this project which is now being formatted for printing.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 N. 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) 391-0185
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.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Nelson A. Brooke

Nelson A. Brooke
District Director

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)

2014

Open to Public Inspection

▶ 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

A For the 2014 calendar year, or tax year beginning October 1, 2014, and ending September 30, 20 15

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization African American Heritage Society, Inc.		D Employer identification number 59-3022641
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 200 East Church Street		E Telephone number 850.469.1456
	City or town, state or province, country, and ZIP or foreign postal code Pensacola, Florida 32502-6017		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. ▶ \$ 53,729.00

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received	49,830.00																												
	2	Program service revenue including government fees and contracts	3,128.00																												
	3	Membership dues and assessments	1,070.00																												
	4	Investment income	0.00																												
	5a	Gross amount from sale of assets other than inventory					0.00																								
	b	Less: cost or other basis and sales expenses					0.00																								
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0.00																						
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)								0.00																					
	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)									0.00																				
c	Less: direct expenses from gaming and fundraising events									0.00																					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											0.00																			
7a	Gross sales of inventory, less returns and allowances												0.00																		
b	Less: cost of goods sold												0.00																		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)	0.00																												
	11	Benefits paid to or for members	0.00																												
	12	Salaries, other compensation, and employee benefits	14,812.00																												
	13	Professional fees and other payments to independent contractors	5,000.00																												
	14	Occupancy, rent, utilities, and maintenance	7,715.00																												
	15	Printing, publications, postage, and shipping	4,479.00																												
	16	Other expenses (describe in Schedule O)	17,454.00																												
17	Total expenses. Add lines 10 through 16	49,460.00																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	4,568.00																												
	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)	8,088.00																												
	20	Other changes in net assets or fund balances (explain in Schedule O)	0.00																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	12,656.00																												

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	8,088.00	12,656.00
23 Land and buildings	0.00	0.00
24 Other assets (describe in Schedule O)	0.00	0.00
25 Total assets	8,088.00	12,656.00
26 Total liabilities (describe in Schedule O)	0.00	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,088.00	12,656.00

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

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; optional for others.)
28 Film Screening: Life's Essentials With Ruby Dee WSRE TV Studio - Pensacola State College 1,385 people (Grants \$ 14,354.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	14,354.00
29 Pre-professional Communications Internships 13 (Grants \$ 3,100.00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,100.00
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	17,454.00

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
Gael Frazer, J.D. President	4	0	0	0
Angela McCorvey, Ph.D. Vice President	2	0	0	0
Doris Munoz Secretary	2	0	0	0
Lornetta T Epps, M.D. Treasurer	6	0	0	0
Juanita Scott Immediate Past President	0	0	0	0
Sonya Akintonde Director	0	0	0	0
Kimberly LeDuff, Ph.D. Director	0	0	0	0
Fred Gant, J.D. Director	0	0	0	0
Joyce Daniels Director	0	0	0	0
Latricia Gill-Brown Director	0	0	0	0
Tony McCray Director	0	0	0	0
Yolanda Dread/Toni Broughton Office Manager/Project Director	24	14,812	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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		<input checked="" type="checkbox"/>
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 ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		<input checked="" type="checkbox"/>
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. ▶ 850.469.1456 Located at ▶ 200 East Church Street Pensacola, Florida ZIP + 4 ▶ 32502-6017		
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).	Yes	No
			<input checked="" type="checkbox"/>
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: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>

		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

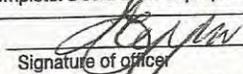
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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 <u>16 Jan 2016</u>
	Loretta 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 <input type="checkbox"/> 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)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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						

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.")	27,976.46	28,295.00	73,769.98	32,461.32	50,900.00	213,402.56
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	27,976.46	28,295.00	73,769.98	32,461.32	50,900.00	213,402.56
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.						213,402.56

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	27,976.46	28,295.00	73,769.98	32,461.32	50,900.00	213,402.56
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 VI.)	0	0	0	0	0	9
11 Total support. Add lines 7 through 10						213,402.56
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	100 %
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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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 ▶ <input type="checkbox"/>						

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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	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? <i>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.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

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			

**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

African American Heritage Society, Inc.

Employer identification number

59-3022641

OTHER PROGRAM EXPENSES

Film Screening: Life's Essentials With Ruby Dee - WSRE-TV Studio Pensacola Junior College

1,385 persons \$14,354.00 expended in grants, contributions

Pre-professional Communications Internships

Assistance with Social Media

13 persons \$ 3,100.00 expended from grant

THE AFRICAN AMERICAN HERITAGE SOCIETY, INC.

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

SEPTEMBER 30, 2015

Jason R Loeffler, CPA, P.A.

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

Board of Directors
The African American Heritage Society, Inc.
Pensacola, Florida

I have reviewed the accompanying statement of financial position of The African American Heritage Society, Inc. (a nonprofit organization) as of September 30, 2015, and the related statements of activities for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

My responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require me to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. I believe that the results of my procedures provide a reasonable basis for my report.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements.



Pensacola, Florida
December 23, 2015

9511 Holsberry Rd. Suite B-1, Pensacola, Florida 32534
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jloeffler@jasonRloefflercpa.com

THE AFRICAN AMERICAN HERITAGE SOCIETY, INC.

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

SEPTEMBER 30, 2015

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STATEMENT OF FINANCIAL POSITION
AFRICAN AMERICAN HERITAGE SOCIETY, INC.
SEPTEMBER 30, 2015

ASSETS

Assets	
Cash	\$ 12,656
Total Assets	<u>\$ 12,656</u>

LIABILITIES AND NET ASSETS

Net Assets	
Unrestricted:	
Undesignated	12,656
Total net assets	<u>12,656</u>
Total Liabilities and Net Assets	<u>\$ 12,656</u>

See independent accountant's review report.

STATEMENT OF ACTIVITIES
AFRICAN AMERICAN HERITAGE SOCIETY, INC.
YEAR ENDED SEPTEMBER 30, 2015

CHANGES IN UNRESTRICTED NET ASSETS

Revenue

Fundraising Events	\$ 22,845
Grant Revenue	26,985
Membership Dues	1,070
Special Projects	<u>2,829</u>
 Total revenue and support	 53,729

EXPENSES

Personnel	11,235
Payroll Taxes	3,577
Internship	3,800
Utilities	4,641
Small Equipment	786
Marketing	5,893
Postage	1,689
Insurance	2,356
Printing	1,525
Professional Fees	982
Other Program Expenses	9,469
Office Supplies	1,246
Landscape Maintenance	250
Security	392
Repairs and Maintenance	400
Other Taxes and Licenses	269
Office Expense	<u>950</u>
 Total expenses	 <u>49,460</u>

CHANGE IN UNRESTRICTED NET ASSETS

4,269

UNRESTRICTED NET ASSETS, BEGINNING OF YEAR

8,387

UNRESTRICTED NET ASSETS, END OF YEAR

\$ 12,656

See independent accountant's review report.



**Fiscal Year 2016-2017
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, Suite 440
Pensacola, Florida 32502**

Please submit:

- A copy of your organization's 2014 or 2015 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 Cultural Tourism

Program Contact: David M. Bear

Contact Email: davidbearace@aol.com

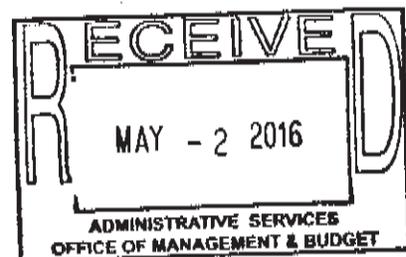
Contact Phone: 850.393.1600

25-Word Description of Program:

To support arts/cultural programming organizations to improve/drive cultural tourism. Marketing to drive cultural tourism and broaden base of tourists through Foo Foo Festival and other marketing efforts.

Amount Requested: \$1,200,000.00

Amount Received Last Year, if applicable: \$1,141,423.00





**Fiscal Year 2016-2017
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 are being 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 a similar manner. They will be used for our General Operating Support Grant Program, for the promotion of Foo Foo Festival, and general cultural tourism marketing and promotion.

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.



**Fiscal Year 2016-2017
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.



**Fiscal Year 2016-2017
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	\$31,500	\$60,000	\$50,000
Programmatic Income	0	0	0
County Funding	\$987,500	\$1,141,423	\$1,200,000
City Funding	\$75,000	\$125,000	\$150,000
State Funding	\$6,500	\$6,500	\$6,500
Federal Funding	0	0	0
Memberships	0	0	0
Investment Income	\$75	\$75	\$75
Other Income	0	0	0
Total Income	\$1,100,575	\$1,332,998	\$1,406,575



**Fiscal Year 2016-2017
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	\$5,500	\$6,500	\$6,500
Contractual Services	\$720,000	\$850,000	\$875,000
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion	\$348,800	\$450,000	\$500,000
Fuel			



**Fiscal Year 2016-2017
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	\$25,000	\$25,000	\$25,000
Other Expenses	0	0	0
Capitalizable Assets	0	0	0
Total Expenses	\$1,099,300	\$1,331,500	\$1,406,500
Net Income	\$1,275	\$1,498	\$75

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 10 2010**

ART CULTURE AND ENTERTAINMENT INC
C/O DAVID M BEAR
6120 ENTERPRISE DR
PENSACOLA, FL 32505-1858

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

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

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.

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.

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.

Letter 947 (DO/CG)

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
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

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. Art, Culture, and Entertainment, Inc.	
	2 Business name/disregarded entity name, if different from above Art, Culture, and Entertainment, Inc.	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ Tax Exempt 501(c)3 Not-For-Profit Corporation	
	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 6120 Enterprise Drive	Requester's name and address (optional)
	6 City, state, and ZIP code Pensacola, FL 32505	
	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.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

or

Employer identification number

27																				
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ <i>David M. Bear</i>	Date ▶ <i>5/2/16</i>
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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/w9.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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
- 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.

7:55 AM
10/21/15
Accrual Basis

ART, CULTURE AND ENTERTAINMENT, INC.
Profit & Loss
October 2014 through September 2015

	<u>Oct '14 - Sep 15</u>
Income	
Contributions	6,500.00
Direct Public Support	
Foo Foo Patron Sponsor	30,074.64
Lodging Patron Sponsor	2,800.00
Total Direct Public Support	<u>32,874.64</u>
Government Grants	
Escambia County Foo Foo Grant	637,500.00
Escambia County Grants	350,000.00
Local Government Grants	75,000.00
State Grants	6,970.48
Total Government Grants	<u>1,069,470.48</u>
Investments	
Gain on sale of stock	200.49
Interest-Savings, Short-term CD	69.49
Total Investments	<u>269.98</u>
Total Income	1,109,115.10
Expense	
Awards and Grants	431,970.47
Foo Foo Festival Expenses	
Advertising, Marketing, PR	381,661.61
Contingency	36,683.78
Festival Curator Contract	15,300.00
Festival Grant Program	236,729.25
Total Foo Foo Festival Expenses	<u>670,374.64</u>
Operations	
Audit and Tax Fees	5,150.00
Insurance - Liability, D and O	1,337.16
Licenses	61.25
Supplies	302.61
Total Operations	<u>6,851.02</u>
Total Expense	<u>1,109,196.13</u>
Net Income	<u><u>-81.03</u></u>



Art, Culture, and Entertainment, Inc.

June 28, 2016

Ms. Katie MacArthur
Budget and Management Office
Escambia County, Florida
221 Palafox Place, Suite 440
Pensacola, FL 32502

Dear Ms MacArthur:

I am happy to report, ACE and Visit Pensacola executed a Miscellaneous Appropriation Agreement on April 29, 2016 for the total funding amount of \$1,141,423 for the purposes of funding our General Operating Support Grant program at \$375,000 and Arts and Cultural Marketing and Events at \$766,423. To date, we have received \$390,300 from our appropriation and used \$375,000 to fund our General Operating Support Grant program and \$15,300 for our Arts and Cultural Marketing and Events.

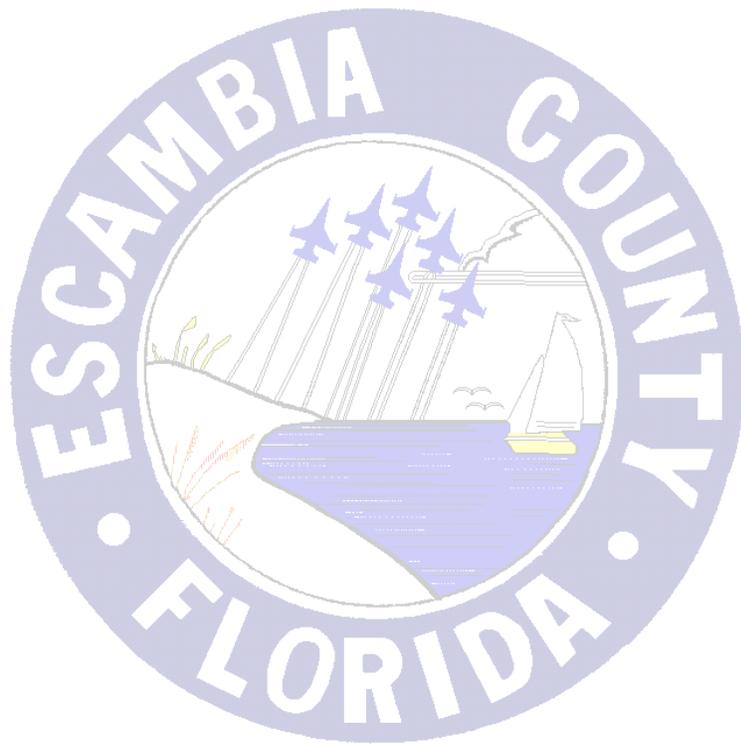
The breakdown of the Arts and Cultural Marketing and Events budget is as follows:

Creative and Advertising	\$356,300.00
PR and Social Media	\$103,174.50
Curator	\$ 15,300.00
Grants	\$285,793.74
Event Surveys	\$ 5,000.00
Miscellaneous	\$ 854.76
Total	\$766,423.00

Thank you again for Escambia County's commitment to fostering the arts and culture in our community.

Sincerely,

David M. Bear,
President
Art, Culture, and Entertainment, Inc.





**Fiscal Year 2016-2017
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, Suite 440
Pensacola, Florida 32502**

Please submit:

- A copy of your organization's 2014 or 2015 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: West Florida Historic Preservation Inc.

Agency Address: 120 Church Street
Pensacola Florida 32502

Program Name: West Florida Historic Preservation Inc.

Program Contact: Robert Overton

Contact Email: roverton@uwf.edu

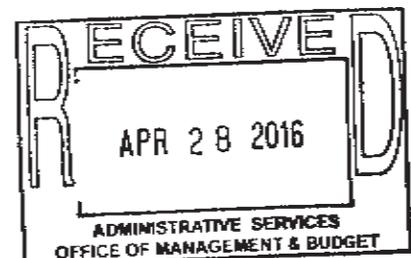
Contact Phone: (850)595-5985

25-Word Description of Program:

We operate Historic Pensacola Village, the Pensacola Children's Museum, Voices of Pensacola Multicultural Center and the T. T. Wentworth, Jr. Florida State Museum.

Amount Requested: 70,000.00

Amount Received Last Year, if applicable: 70,000.00





**Fiscal Year 2016-2017
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 100,000 visitors and 11,000 school children last year.

The funds received last year were used towards program expenses, marketing and advertising our operation, covering a portion of our annual printing costs for items such as brochures, rack cards, lesson plans, and other announcements, and general office supplies and insurance.

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

The requested funding will be used towards a) the costs of marketing our operation to both locals and tourists, b) the printing of brochures, rack cards, lesson plans, and other printed operational materials, c) the purchase of consumable office supplies used to conduct business, and d) the expense of insuring 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 2016-2017 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."

For the 2014/2015 Fiscal year, we:

1. Hosted 104,013 site visitors.
2. Served 11,291 schoolchildren.
3. Hosted 302 special events.



Fiscal Year 2016-2017 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	4,000.00	4,000.00	4,000.00
Programmatic Income	86,000.00	115,000.00	168,700.00
County Funding	70,000.00	70,000.00	70,000.00
City Funding	2,400.00	2,400.00	2,400.00
State Funding	1,486,113.00	1,596,113.00	1,551,579.00
Federal Funding	0.00	0.00	0.00
Memberships	19,000.00	29,000.00	25,000.00
Investment Income	2,000.00	670.00	1,000.00
Other Income	237,000.00	274,014.00	292,120.00
Total Income	1,906,513.00	2,065,097.00	2,114,799.00



**Fiscal Year 2016-2017
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
Salaries and Wages	618,099.00	663,002.00	699,749.00
Employee Benefits	318,414.00	336,395.00	344,200.00
Professional Services	72,000.00	74,000.00	75,000.00
Contractual Services	465,000.00	445,000.00	463,050.00
Travel Expenses	26,000.00	27,000.00	27,000.00
Rentals and Leases	80,000.00	80,000.00	80,000.00
Communication	15,000.00	16,000.00	16,000.00
Postage and Freight	4,000.00	4,500.00	4,000.00
Repair and Maintenance	50,000.00	70,000.00	71,000.00
Printing and Binding	25,560.00	50,000.00	40,000.00
Marketing and Promotion	40,000.00	50,000.00	55,000.00
Fuel	3,200.00	3,800.00	2,800.00



**Fiscal Year 2016-2017
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	87,000.00	87,000.00	87,000.00
Other Expenses			
Capitalizable Assets	102,240.00	158,400.00	150,000.00
Total Expenses	1,906,513.00	2,065,097.00	2,114,799.00
Net Income			0

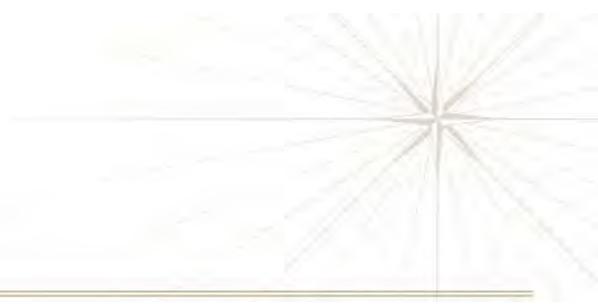
Please explain any capitalizable asset contained in your request.

N/A



UNIVERSITY of WEST FLORIDA

HISTORIC TRUST



DATE: May 16, 2016

TO: Katie McCarthur
Board of County Commissioners
Escambia County, Florida
221 Palafox Place, Suite 440
Pensacola, FL 32502

FROM: West Florida Historic Preservation, Inc.

RE: PO 160641 – Performance Metrics Reporting 2015-2016 FY

Measures of Performance for 2015-2016 Fiscal Year:

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.

Performance Metrics Results for 2015-2016:

For the period October 1, 2015 – March 31, 2016, we have:

1. Hosted 39,069 site visitors.
2. Served 6,532 schoolchildren.
3. Hosted 308 special events.

As we enter into our busiest season we are on track to surpass last years' visitation and attendance numbers. If you have any questions about this report, or need further information, please contact me.

Thanks!

-Amy Eve

aeve@uwf.edu

(850) 595-5985 x.101

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. West Florida Historic Preservation, Inc.	
	2 Business name/disregarded entity name, if different from above UWF Historic Trust	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=S 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. <input type="checkbox"/> Other (see instructions) ▶ _____	
	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) _____ (Apply to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) PO Box 12866	
	6 City, state, and ZIP code Pensacola, FL 32591	
	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.

Notes: 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	
2	3 - 7 0 0 9 3 1 9

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ *[Handwritten Signature]* Date ▶ **10/5/2015**

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Internal Revenue Service

Date: **MAR 12 2002**

West Florida Historic Preservation Inc.
120 Church St.
Pensacola, FL 32501-5941

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

Employer Identification
Number:

23-7009319

Person to Contact:

Diane Gentry 31-03919

Contact Telephone Number:

877-829-5500

Dear Sir or Madam:

Thank you for the information recently submitted regarding your change in activities. We have made it part of your file.

1. The organization has changed its name from Historic Pensacola Inc. to West Florida Historic Preservation Inc.
2. The organization will continue to receive its support from State of Florida and will continue to conduct the same activities of assisting in carrying out the historic preservation and historic preservation education activities for the City of Pensacola, Escambia County and West Florida University. The Florida State legislature abolished the Historic Pensacola Preservation Board of Trustees (Historic), whom the organization formerly supported, and transferred their duties to the University of West Florida to manage state-owned properties formerly managed by Historic. The organization will receive, hold, invest and administer property and make expenditures to or for the benefit of the University of West Florida.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect. Your foundation status, however, has changed. You were formerly considered not to be a private foundation because you were described in sections 509(a)(1) and 170(b)(1)(A)(vi). You are now considered not to be a private foundation because you are described in sections 509(a)(1) and 170(b)(1)(A)(iv). In addition, you are no longer required to file Form 990 as you are considered an affiliate of a governmental unit.

Please let us know about any future changes in the character, purposes, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.
Thank you for your cooperation.



Sincerely yours,

Steven T. Miller

Steven T. Miller
Director, Exempt Organizations

INTERNAL REVENUE SERVICE
Department of the Treasury

Department of the Treasury

P. O. Box 2600
Cincinnati, OH 45201

Date: December 4, 2001

West Florida Historic Preservation, Inc.
120 Church Street
Panacea, FL 32601-5941

Person to Contact:
Shirley Rudolph 31-03640
Customer Service Representative
Toll Free Telephone Number:
800-829-5900
677-829-5900
Fax Number:
613-263-6766
Federal Identification Number:
23-7006979

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on August 29, 2001. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in March 1999, 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) & 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 5th 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).

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, 2108, and 2522 of the Code.

1/11/02

-2-

West Florida Historic Preservation, Inc.
2002-03748

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.

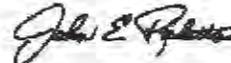
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1967, it is also required to make available for public 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. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

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.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST**

**(A COMPONENT UNIT OF
THE UNIVERSITY OF WEST FLORIDA)**

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

JUNE 30, 2015 AND 2014

WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST

(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

JUNE 30, 2015 AND 2014

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
West Florida Historic Preservation, Inc.
d/b/a University of West Florida Historic Trust
Pensacola, Florida

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the entity-wide activities of West Florida Historic Preservation, Inc. d/b/a University of West Florida Historic Trust ("the Trust"), (a component unit of the University of West Florida), which collectively comprise the statements of net position and governmental fund balance sheets as of June 30, 2015 and 2014, and the related statements of activities and governmental fund revenues, expenditures, and changes in fund balance/net position 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.

Auditor's 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 of 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 risk 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 estimates made by management, as well as evaluating the overall presentation of the financial statements.

Board of Directors
West Florida Historic Preservation, Inc.
d/b/a University of West Florida Historic Trust
Pensacola, Florida

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial positions of the governmental activities and the entity-wide activities of the Trust as of June 30, 2015 and 2014, and the changes in financial position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3-5 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 August 14, 2015, on our consideration of the Trust'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 Trust's internal control over financial reporting and compliance.



Pensacola, Florida
August 14, 2015

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015 AND 2014**

The following is a narrative overview and analysis of the West Florida Historic Preservation, Inc. d/b/a University of West Florida Historic Trust's ("the Trust") significant financial activities for the fiscal year ended June 30, 2015.

Operational Highlights

- Completion of an update to our membership program including changes to both prices and benefits and the reprinting of collateral material.
- In May 2015 completed a restoration of the 1805 Charles Laval House. This was completed with help from a \$50,000 grant from the Florida Division of Historical Resources.
- Partnership with the UWF Foundation and Gulf Power on development of the Voices of Pensacola Multicultural Center was successful and in October 2014 we opened the new Voices of Pensacola Multicultural Center.
- Successful marketing efforts continued to fuel an increase in admission and special events revenue.
- The organization began working on an Interpretive Master Plan to evaluate how best to improve our site and programs. Haley-Sharpe Design was hired as the consultant firm to lead through this process.
- Completion of the Arcadia Mill boardwalk extension and bridge project.

Overview of the Financial Statements

This discussion and analysis is intended to serve as an introduction to the Trust's basic financial statements. They are: 1) entity-wide and governmental fund financial statements and 2) notes to the financial statements.

Entity-wide financial statements are designed to provide readers with a broad overview of the Trust finances in a manner similar to a private-sector business. Governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a government's near-term financing requirements.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015 AND 2014**

The notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the financial statements. The notes to the financial statements can be found on page 8 of this report.

Summary of Financial Condition

**West Florida Historic Preservation, Inc.'s
d/b/a University of West Florida Historic Trust
Net Position**

	2015	2014
Total assets, excluding capital assets	\$ 2,179,047	\$ 2,240,117
Capital assets	4,470,227	4,434,272
Total assets	\$ 6,649,274	\$ 6,674,389
Current liabilities	\$ 53,338	\$ 33,745
Invested in capital assets	4,470,227	4,434,272
Reserved	160,907	160,248
Designated	38,312	38,235
Undesignated	1,926,490	2,007,889
Total fund balance/net position	6,595,936	6,640,644
Total liabilities and net position	\$ 6,649,274	\$ 6,674,389

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015 AND 2014**

Summary of Financial Condition (Continued)

**West Florida Historic Preservation, Inc.'s
d/b/a University of West Florida Historic Trust
Revenues, Expenses, and Changes in Net Position**

	2015	2014
Program revenues	\$ 664,080	\$ 1,804,764
General revenues	36,894	200,096
Total revenues	700,974	2,004,860
Historic Pensacola Village and museum activities	70,877	46,334
Historic preservation and education programs	61,793	493,834
Management and general	476,830	375,361
Depreciation	136,182	92,733
Total expenditures/expenses	745,682	1,008,262
Change in net position	\$ (44,708)	\$ 996,598

Capital Assets

The Trust's investment in capital assets totaled \$4,470,227 (net of accumulated depreciation of \$824,474). Capital assets include land, buildings and improvements, and furniture, and fixtures and equipment.

Economic Factors

Budgetary constraints of state and local governments can affect the Trust's funding.

Requests for Information

Questions concerning any of the information provided in this report or requests for additional financial information should be directed to the following address:

West Florida Historic Preservation, Inc.
d/b/a University of West Florida Historic Trust
Attn: Executive Director
P.O. Box 12866
Pensacola, FL 32576-2866

WEST FLORIDA HISTORIC PRESERVATION, INC.
DBA UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
STATEMENTS OF NET POSITION AND GOVERNMENTAL FUND BALANCE SHEETS
JUNE 30, 2015 AND 2014

	2015			2014		
	General Fund	Adjustments (Note 1)	Statement of Net Position	General Fund	Adjustments (Note 1)	Statement of Net Position
Assets:						
Cash	\$ 493,084	\$ -	\$ 493,084	\$ 578,346	\$ -	\$ 578,346
Certificates of deposit	178,214	-	178,214	177,997	-	177,997
Due from UWF Foundation	1,238,099	-	1,238,099	1,235,724	-	1,235,724
Due from UWF	-	-	-	700	-	700
Grants and local support receivable	49,273	-	49,273	22,968	-	22,968
Accrued interest receivable	130	-	130	130	-	130
Inventory	90,501	-	90,501	94,950	-	94,950
Prepaid assets	3,814	-	3,814	3,370	-	3,370
Historical properties, antiques and collections	125,248	-	125,248	125,248	-	125,248
Deposits	684	-	684	684	-	684
Capital assets -						
Non-depreciable	-	1,010,660	1,010,660	-	1,010,660	1,010,660
Depreciable, net of accumulated depreciation	-	3,459,567	3,459,567	-	3,423,612	3,423,612
Total Assets	\$ 2,179,047	\$ 4,470,227	\$ 6,649,274	\$ 2,240,117	\$ 4,434,272	\$ 6,674,389
Liabilities:						
Accounts payable	\$ 8,051	\$ -	\$ 8,051	\$ 6,119	\$ -	\$ 6,119
Due to UWF	14,135	-	14,135	-	-	-
Deferred revenue	31,152	-	31,152	27,626	-	27,626
Total liabilities	53,338	-	53,338	33,745	-	33,745
Fund Balance/Net Position:						
Invested in capital assets	-	4,470,227	4,470,227	-	4,434,272	4,434,272
Nonspendable	220,247	(220,247)	-	224,252	(224,252)	-
Restricted/reserved	160,907	-	160,907	160,248	-	160,248
Assigned/designated	38,312	-	38,312	38,235	-	38,235
Unassigned/undesignated	1,706,243	220,247	1,926,490	1,783,637	224,252	2,007,889
Total fund balance/net position	2,125,709	4,470,227	6,595,936	2,206,372	4,434,272	6,640,644
Total Liabilities and Fund Balance/Net Position	\$ 2,179,047	\$ 4,470,227	\$ 6,649,274	\$ 2,240,117	\$ 4,434,272	\$ 6,674,389

The accompanying notes are an integral
part of these financial statements.

WEST FLORIDA HISTORIC PRESERVATION, INC.
DBA UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
STATEMENTS OF ACTIVITIES AND GOVERNMENTAL FUND REVENUES,
EXPENDITURES, AND CHANGES IN FUND BALANCE/NET POSITION
YEARS ENDED JUNE 30, 2015 AND 2014

	2015			2014		
	General Fund	Adjustments (Note 1)	Statement of Activities	General Fund	Adjustments (Note 1)	Statement of Activities
Program Revenues:						
Grants and local support	\$ 205,626	\$ -	\$ 205,626	\$ 1,386,996	\$ -	\$ 1,386,996
Memberships	-	-	-	15,353	-	15,353
Admissions, including tours and school programs	160,141	-	160,141	129,883	-	129,883
Rents and leases	285,424	-	285,424	260,264	-	260,264
Museum store income, net	12,889	-	12,889	12,268	-	12,268
Total program revenues	<u>664,080</u>	<u>-</u>	<u>664,080</u>	<u>1,804,764</u>	<u>-</u>	<u>1,804,764</u>
General Revenues:						
Interest and dividends	24,464	-	24,464	19,810	-	19,810
Miscellaneous	4,729	-	4,729	4,899	-	4,899
Realized/unrealized gains	7,701	-	7,701	175,387	-	175,387
Total general revenues	<u>36,894</u>	<u>-</u>	<u>36,894</u>	<u>200,096</u>	<u>-</u>	<u>200,096</u>
Total revenues	<u>700,974</u>	<u>-</u>	<u>700,974</u>	<u>2,004,860</u>	<u>-</u>	<u>2,004,860</u>
Expenditures/Expenses:						
Historic Pensacola Village and museum activities	70,877	-	70,877	46,334	-	46,334
Historic preservation and education programs	61,793	-	61,793	493,834	-	493,834
Management and general	476,830	-	476,830	375,361	-	375,361
Depreciation	-	136,182	136,182	-	92,733	92,733
Capital outlay	172,137	(172,137)	-	970,321	(970,321)	-
Total expenditures/expenses	<u>781,637</u>	<u>(35,955)</u>	<u>745,682</u>	<u>1,885,850</u>	<u>(877,588)</u>	<u>1,008,262</u>
Change in fund balance/net position	(80,663)	35,955	(44,708)	119,010	877,588	996,598
Fund Balance/Net Position, Beginning of Year	<u>2,206,372</u>	<u>4,434,272</u>	<u>6,640,644</u>	<u>2,087,362</u>	<u>3,556,684</u>	<u>5,644,046</u>
Fund Balance/Net Position, End of Year	<u>\$ 2,125,709</u>	<u>\$ 4,470,227</u>	<u>\$ 6,595,936</u>	<u>\$ 2,206,372</u>	<u>\$ 4,434,272</u>	<u>\$ 6,640,644</u>

The accompanying notes are an integral part of these financial statements.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose:

West Florida Historic Preservation, Inc. ("WFHPI"), formerly Historic Pensacola, Inc., was organized as a not-for-profit corporation under Section 266.0018, Florida Statutes, to engage in the restoration and exhibition of historical landmarks in the vicinity of Pensacola, Florida. In 2001, Section 266.0018, Florida Statutes was repealed, at which time the legislature transferred the historic preservation responsibilities to the University of West Florida ("UWF"). On July 1, 2001, WFHPI was designated as a direct support organization of UWF under Section 267.1732, Florida Statutes, in order to assist UWF in carrying out its dual historic preservation and historic preservation education purposes and responsibilities. In November 2013, West Florida Historic Preservation, Inc. changed its name to West Florida Historic Preservation, Inc., d/b/a University of West Florida Historic Trust ("the Trust").

The general operating authority of the Trust is contained in Section 267.1732, Florida Statutes (Chapter 2001-199, Laws of Florida). The Trust operates under an operating agreement with UWF and is considered a component unit of UWF.

Expenses paid by the Trust to renovate or modify property controlled by UWF and leased by the Trust are capitalized and reflected in buildings and improvements in these financial statements. The Trust assists UWF in operating, preserving and maintaining various historical properties owned by the State of Florida and controlled by UWF. Certain expenses related to these activities are directly paid by UWF and are not included in these financial statements. Those expenses, which are not reflected in these financial statements, are as follows:

	2015	2014
Telephone	\$ 9,883	\$ 10,487
Operating supplies	31,811	24,244
Office equipment rental	15,580	16,227
Electricity	163,741	147,972
Natural gas	23,614	34,541
Other utilities	42,371	42,982
Repairs and maintenance	501,985	218,024
Permits	450	450
Equipment	30,308	16,485
Contractual services	76,044	66,247
Professional services	18,425	14,348
Security	20,098	18,273
Insurance	8,261	8,377
Other	12,334	5,524
	\$ 954,905	\$ 624,181
Totals		

WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Organization and Purpose (Continued):

Salaries of UWF employees who staff the Trust are paid directly by UWF. These in-kind salaries amounted to \$945,710 and \$1,077,532 for the years ended June 30, 2015 and 2014, respectively, and are not reflected in the books of the Trust. Additionally, UWF donates office space in the Bowden Building located at 120 Church Street in downtown Pensacola, Florida to the Trust. Management estimates the fair value of this donated office space to be \$152,832 for the years ended June 30, 2015 and 2014.

In November 2013, the Trust entered into a Memorandum of Understanding ("MOU") with the University of West Florida Foundation ("UWFF"), a direct service organization of UWF, where all membership income is handled and recorded by UWFF. Membership income held by UWFF amounted to \$25,304 and \$6,637 as of June 30, 2015 and 2014, respectively.

Each state university board of trustees is authorized to permit the use of property, facilities, and personal services at any state university by any university direct support organization per Section 1004.28, Florida Statutes. Administrative and fiscal services, office space, and other miscellaneous support services are provided to UWF direct support organizations by UWF at no cost. Estimated fair values are recorded if determinable. No value is assigned to administrative and fiscal services in the accompanying statements of activities and governmental fund revenues, expenditures, and changes in fund balance/net position, since there is no objective basis for determining the value.

Measurement Focus, Basis of Accounting and Financial Statement Presentation:

These financial statements have been prepared in conformity with the accounting principles and reporting guidelines established by the Governmental Accounting Standards Board ("GASB"). The Trust utilizes the following fund type:

- General Fund, a governmental fund, is used to account for all revenues and expenditures applicable to the general operations of the Trust that are not required either legally or by accounting principles generally accepted in the United States of America ("GAAP") to be accounted for in another fund.

Government-Wide Financial Statements:

The government-wide financial statements (i.e., the statements of net position and governmental fund balance sheets and the statements of activities and governmental fund revenues, expenditures, and changes in fund balance/net position) report information on all of the activities of the Trust. Governments typically report activities as either governmental activities, which are supported by grants and other intergovernmental revenues, or business-type activities, which rely to a significant extent on fees and charges for support. The Trust reports its activities as governmental activities.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Government-Wide Financial Statements (Continued):

Because the Trust reports only governmental activities and only one program, it is considered to be a special-purpose government for financial reporting purposes under GAAP. As such, the government-wide financial statements are presented together with the governmental fund financial statements with an adjustment column presented to reconcile the two sets of statements.

Governmental Fund Financial Statements:

The Trust has one governmental fund type, which is the General Fund. The General Fund is used to account for all resources and operations. Governmental funds are accounted for on a "spending" or "financial flow" measurement focus. This means that only current assets and current liabilities are generally included on the balance sheet. Governmental fund operating statements present increases (revenues and other financing sources) and decreases (expenditures and other financing uses) in net current assets.

Basis of accounting refers to when revenues and expenditures 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. Revenues are recorded when earned and expenses are recorded at the time liabilities are incurred, regardless of when the related cash flows take place.

Governmental Funds:

The General Fund is accounted for using the modified accrual basis of accounting. Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual; that is, when they are measureable and available. Measureable means the amount of the transaction can be determined and available means collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Trust considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures are generally recorded when the related liability is incurred. Primary revenues consist of charges for services, licenses, and permits. All of these revenues are susceptible to accrual.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Inventory:

Inventory consists of merchandise held for resale in the museum gift shops. Inventory is stated at lower of cost or market and is accounted for under the first-in, first-out method.

Capital Assets:

Property and equipment are recorded at cost. Donated capital assets are recorded at their estimated fair market value on the date of contribution. Expenditures which equal or exceed \$5,000 that materially increase values, change capacities, or extend useful lives are capitalized. Repairs and maintenance costs are charged to operations when incurred.

Depreciation is computed using the straight-line method. Estimated useful lives of property and equipment range as follows:

Buildings and improvements	10 - 40 years
Furniture, fixtures and equipment	5 - 10 years

Historical Properties, Antiques, and Collections:

Purchased historical properties, antiques, and collections that are held for educational and curatorial purposes are recorded at cost. Donated items are not capitalized but are recorded both as revenue and expense in the government-wide statement of activities. Whether purchased or donated, each item is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Historical Properties, Antiques, and Collections (Continued):

Historical properties, antiques, and collections are acquired for purposes of preservation and display. Management considers these items to be historically significant and should be preserved perpetually. Accordingly, depreciation is not recorded for these items.

Program Revenue:

Program revenue from local governments and government grants is recorded based upon the terms of the grantor allotment which generally provides that revenue is earned when the allowable costs of the specific grant provisions have been incurred or the performance of the services has been rendered. Such revenue is subject to audit by the grantor. If the examination results in a deficiency of allowable expenses, the Trust will be required to refund any deficiencies.

Income Taxes:

The Trust 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.

Donated Services, Materials, and Facilities:

The Trust receives donated services from a variety of unpaid volunteers assisting in the museum and education programs. No amounts have been recognized in the accompanying statements of activities for these donated services.

As discussed previously, UWF pays certain expenses and donates office space to the Trust.

Adjustments Between Governmental Fund Balance Sheets and Statements of Net Position:

Capital assets are not financial resources and therefore are not reported in the governmental fund. Adjustment is made to include capital assets in the entity-wide statements of net position.

Designations of net position are considered to be an internal constraint on resources and, therefore, are not reported in the entity-wide statements of net position. Adjustment is made to remove designations of net position from the entity-wide statements of net position.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Adjustments Between Governmental Fund Statements of Revenue, Expenditures, and Changes in Fund Balances and Statements of Activities:

Because capital assets are not reported in the governmental fund, no depreciation is recognized in the governmental fund statements of revenues, expenditures, and changes in fund balances. Instead, capital outlays are reported as expenditures. Adjustment is made to include depreciation expense and remove capital outlays in the entity-wide statements of activities.

Donations of capital assets increase net position in the statements of activities, but do not appear in the governmental fund because they are not financial resources. Adjustment is made to include donations of capital assets in the entity-wide statements of activities.

Donated collections do not increase net position in the statements of activities and accordingly, do not appear in the governmental fund because they are not financial resources. Adjustment is made to include donated collections as both revenue and expense in the entity-wide statements of activities.

NOTE 2 - DEPOSITS AND INVESTMENTS

The Trust's deposits and investments consist of demand deposits and certificates of deposit. The carrying amount of the Trust's deposits and investments at June 30, 2015 and 2014 was \$670,063 and \$755,408, respectively, and the bank balance was \$692,318 and \$779,197, respectively. The Trust's cash balances held by financial institutions are insured by the Federal Deposit Insurance Corporation up to certain limits. At June 30, 2015, the Trust had \$17,039 held by financial institutions in excess of insured limits.

NOTE 3 - DUE FROM UWF FOUNDATION

In March 2013, the Trust entered into a Memorandum of Understanding ("MOU") with the University of West Florida Foundation ("UWFF"), a direct service organization of UWF, where the Trust may transfer current cash assets to UWFF to invest on the Trust's behalf. These funds are invested as a Quasi-Endowment with UWFF and will be part of the overall investment pool subject to spending and investment policies of UWFF as agreed to in the MOU. The Trust's investment with UWFF amounted to \$1,238,099 and \$1,235,724 at June 30, 2015 and 2014, respectively.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 4 - CONTRIBUTIONS FROM ESTATES

During 2014, in connection with the MOU executed in March 2013 with UWFF, the Trust received remaining funds of \$498,121 from the estates of two deceased donors and subsequently transferred the funds to UWFF.

In May 2014, the estates entered into a more specific gift agreement with UWFF regarding the use of these funds, specifically the establishment of a research room in the historic Beacon Building. As a result, these remaining funds will be recognized as contributions by the Trust when reimbursement is received from UWFF for the cost of establishing the research room. During 2015, the Trust received and recognized contributions of \$33,943 from UWFF under this agreement.

NOTE 5 - CAPITAL ASSETS

Capital assets consist of the following:

June 30, 2015:	Beginning Balance	Increases	Decreases	Ending Balance
<u>Historic Pensacola Village</u>				
Land	\$ 1,010,660	\$ -	\$ -	\$ 1,010,660
Buildings and improvements	3,589,643	112,556	-	3,702,199
Furniture, fixtures and equipment	55,570	-	-	55,570
<u>Barkley House</u>				
Furniture, fixtures and equipment	14,003	-	-	14,003
<u>General and Administrative</u>				
Furniture, fixtures and equipment	452,688	59,581	-	512,269
	5,122,564	172,137	-	5,294,701
Less accumulated depreciation	688,292	136,182	-	824,474
	<u>\$ 4,434,272</u>	<u>\$ 35,955</u>	<u>\$ -</u>	<u>\$ 4,470,227</u>

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 5 - CAPITAL ASSETS (Continued)

June 30, 2014:	Beginning Balance	Increases	Decreases	Ending Balance
<u>Historic Pensacola Village</u>				
Land	\$ 1,010,660	\$ -	\$ -	\$ 1,010,660
Buildings and improvements	2,804,391	785,252	-	3,589,643
Furniture, fixtures and equipment	55,570	-	-	55,570
Construction in process	24,240	-	(24,240)	-
<u>Barkley House</u>				
Furniture, fixtures and equipment	14,003	-	-	14,003
<u>General and Administrative</u>				
Furniture, fixtures and equipment	243,379	209,309	-	452,688
	4,152,243	994,561	(24,240)	5,122,564
Less accumulated depreciation	595,559	92,733	-	688,292
	<u>\$ 3,556,684</u>	<u>\$ 901,828</u>	<u>\$ (24,240)</u>	<u>\$ 4,434,272</u>

Depreciation expense was \$136,182 and \$92,733 for the years ended June 30, 2015 and 2014, respectively.

NOTE 6 - DEFERRED REVENUE

Rental revenue is considered earned when the event has occurred or the performance of the services has been rendered. Amounts received by the Trust in advance of the date of the event or performance of services are recorded as deferred revenue until the event has occurred or services are rendered.

Total deferred revenue amounted to \$31,152 and \$27,626 at June 30, 2015 and 2014, respectively.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 7 - FUND BALANCE/NET POSITION

In the financial statements, fund balances/net position are classified as follows:

Nonspendable Fund Balance:

Nonspendable fund balance represents amounts that cannot be spent either because they are in a nonspendable form or because they are legally or contractually required to be maintained intact. Nonspendable fund balances as of June 30, 2015 and 2014 are presented as follows:

	<u>2015</u>	<u>2014</u>
Nonspendable -		
Inventory	\$ 90,501	\$ 94,950
Prepaid assets and deposits	4,498	4,054
Historical properties, antiques and collections	<u>125,248</u>	<u>125,248</u>
	<u>\$ 220,247</u>	<u>\$ 224,252</u>

Restricted Fund Balance / Reserved Net Position:

Restricted fund balance or reserved net position represent amounts that can be spent only for specific purposes required by law or other externally imposed conditions by grantors or creditors. Restricted fund balances/reserved net position as of June 30, 2015 and 2014 are presented as follows:

	<u>2015</u>	<u>2014</u>
Restricted -		
Old Christ Church fund	\$ 157,928	\$ 157,788
Donations and memorials	<u>2,979</u>	<u>2,460</u>
	<u>\$ 160,907</u>	<u>\$ 160,248</u>

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 7 - FUND BALANCE/NET POSITION (Continued)

Assigned Fund Balance / Designated Net Position:

Assigned fund balance or designated net position represent amounts that are designated by the Board of Directors, under authorization governed in the Trust's By-Laws, for a particular purpose but not spendable until a majority vote of approval by the Board of Directors. The assigned fund balance/designated net position of \$38,312 and \$38,235 as of June 30, 2015 and 2014, respectively, represents the remaining cash balance in the Veal Education Fund.

Use of Restricted Resources:

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the Trust's policy is to first apply the expense toward restricted resources and then toward unrestricted resources. In governmental funds, the Trust's policy is to first apply the expenditure toward restricted fund balance and then to other, less-restrictive classifications, committed and then assigned fund balances, if any, before using unassigned fund balances.

NOTE 8 - COMMITMENTS AND CONTINGENCIES

Dependency on Government Support:

The Trust receives a substantial amount of support from UWF, and state and local government agencies. A reduction in the level of future support from these entities could have a substantial effect on the Trust's programs and activities.

UWF Agreement:

As discussed in Note 1, the Trust is committed to assist UWF under an operating agreement which extends for an indefinite term.

NOTE 9 - RISK MANAGEMENT

The Trust is exposed to various levels of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters. The Trust is insured for these risks. There were no insurance losses related to these risks in any of the past two years. The Trust is not aware of any liabilities related to these risks as of June 30, 2015.

OTHER REPORT

**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
West Florida Historic Preservation, Inc.
d/b/a University of West Florida Historic Trust
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 *Governmental Auditing Standards* issued by the Comptroller General of the United States, the financial statements of West Florida Historic Preservation, Inc., d/b/a University of West Florida Historic Trust ("the Trust"), (a component unit of the University of West Florida), which comprise the statement of net position and governmental fund balance sheet as of June 30, 2015, and the related statement of activities and governmental fund revenues, expenditures, and changes in fund balance/net position for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 14, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Trust'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 the Trust's internal control. Accordingly, we do not express an opinion on the effectiveness of the Trust'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 combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Trust'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
West Florida Historic Preservation, Inc.,
d/b/a University of West Florida Historic Trust

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 Trust'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 *Governmental 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 Trust'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 Trust's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Pensacola, Florida
August 14, 2015

Saltmarsh

Saltmarsh, Cleaveland & Gund

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

To the Board of Directors
West Florida Historic Preservation, Inc.
d/b/a University of West Florida Historic Trust
120 Church Street
Pensacola, FL 32501

We have audited the financial statements of the governmental activities and the entity-wide activities of West Florida Historic Preservation, Inc., d/b/a University of West Florida Historic Trust ("the Trust") for the year ended June 30, 2015. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Governmental Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated June 17, 2015. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Trust are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2015. We noted no transactions entered into by the Trust during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the Trust's financial statements was:

Management's estimate of depreciation expense which is based on estimated useful lives of underlying capital assets. We evaluated the key factors and assumptions used to develop the estimate for depreciation expense in determining that it is reasonable in relation to the consolidated financial statements taken as a whole.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

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Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated August 14, 2015.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principal to the governmental unit's consolidated financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants other than Mrs. Stevens.

Other Audit Findings or Issues

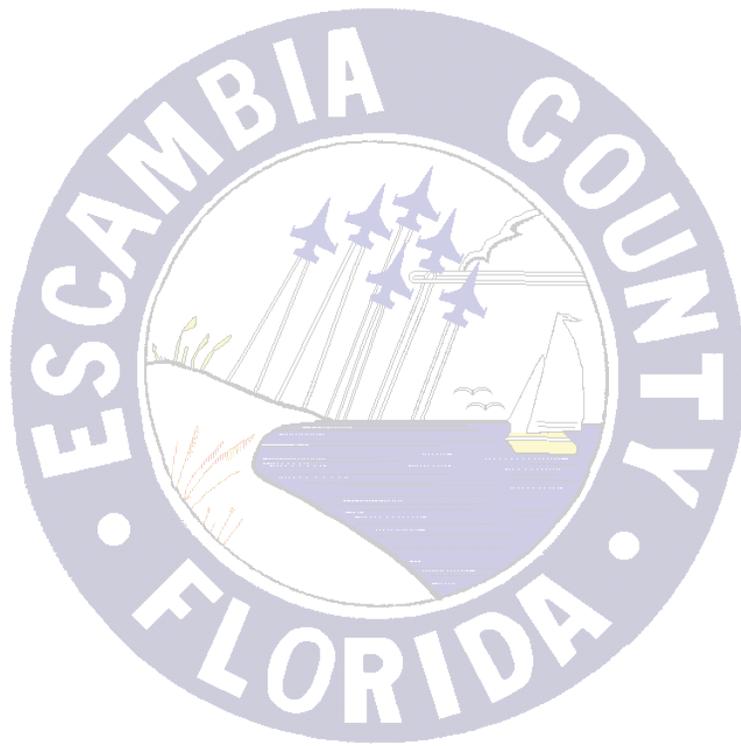
We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of the Trust and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,



Pensacola, Florida
August 20, 2015





Fiscal Year 2016-2017 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, Suite 440
Pensacola, Florida 32502

Please submit:

- A copy of your organization's 2014 or 2015 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: mweigart@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 2016-2017 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 2016-2017 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 their 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 2016-2017
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 2016-2017 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 2016-2017
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Fiscal Year	Current Fiscal Year	Proposed Fiscal 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	See Attached Schedule		



Fiscal Year 2016-2017
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.



May 4, 2016

Attention: Katie Macarthur, Director's Aide
Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place, Suite 440
Pensacola, FL 32502

Dear Ms. Macarthur:

RE: Additional Information Needed for Outside Agency Application Form for FY 16/17 Funding

As it relates to our application for fiscal year (FY) 2016/2017 funding and specifically how the previous year funds received in FY 2015/2016 were utilized; as the date of this letter; the Naval Aviation Museum Foundation, Inc., DBA National Flight Academy (NFA), has not yet requested the appropriated funds for FY 2015/2016 from the Escambia County Board of County Commissioners (County). The National Flight Academy conducts its primary operating activities during summer months when kids are out of school and therefore can participate in our programs. In the coming weeks we will be providing the County our funding request related to FY 2015/2016 in order to fund our summer 2016 scholarships awarded to kids living outside of the County that NFA will match with its own funds provided to kids living within the geographical limits of the County which includes Santa Rosa County. As it relates to FY 2014/2015 funding received from the County in January 2015 in the amount of \$100,000, NFA utilized those funds as stipulated in the agreement with the County, to pay program expenses.

Please let me know of any questions or concerns.

Sincerely,

Mike Hampton
Director of Accounting
Naval Aviation Museum Foundation, Inc.
National Flight Academy, LLC
1750 Radford Blvd, Suite B
Pensacola, FL 32508
PH: 850-458-7836

**Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements**

Date: DEC 12 2007

Naval Aviation Museum Foundation Inc
P O Box 33104
Pensacola, FL 32508

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

Employer Identification Number:

59-6178237

Person to Contact - ID#:

Sirijun Mayi - #31-07372

Contact Telephone Number:

877-829-5500 Phone

Public Charity Status:

509(a)(1) and 170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated June 1980 stated that you were exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code and classified as a public charity under section 509(a)(3) of the Code.

Based on the information you submitted, we have modified your public charity status to the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, 800-829-3676. Information is also available on our Internet Web Site at 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
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:66-48

Naval Aviation Museum Association, Inc.
Naval Aviation Museum, Naval Air Station
Pensacola, Florida 32508

PURPOSE Educational	
ADDRESS INQUIRIES & FILE RETURNS DISTRICT DIRECTOR OF INTERNAL R	
Jacksonville, Florida	
FORM 990-A RE- QUIRED	ACCOUNTING P ENDING
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	December

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 amend your certificate of incorporation to provide that in the event of dissolution your assets will be contributed to the Navy Relief Society or to an organization exempt under the provision of section 501(c)(3) of the Internal Revenue Code.

**NAVAL AVIATION MUSEUM FOUNDATION, INC.
AND SUBSIDIARIES**

**CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2014

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
DECEMBER 31, 2014
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INDEPENDENT AUDITORS' REPORT

To The Board of Directors
Naval Aviation Museum Foundation, Inc. and Subsidiaries

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of the Naval Aviation Museum Foundation, Inc. and Subsidiaries (a nonprofit corporation) (the "Foundation") which comprise the consolidated statement of financial position as of December 31, 2014, and the related consolidated statements of activities and cash flows for the year 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 consolidated 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 consolidated 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 consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated financial statements.

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Naval Aviation Museum Foundation, Inc. and Subsidiaries, as of December 31, 2014, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Foundation's 2013 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated April 24, 2014. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2013, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidated schedule of divisional income and expense on pages 17 and 18 and the consolidating schedules on pages 19 and 20 are presented for purposes of additional analysis and are not a required part of the consolidated 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 consolidated 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 consolidated financial statements or to the consolidated 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 consolidated financial statements as a whole.



Pensacola, Florida
April 24, 2015

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2014, WITH SUMMARIZED FINANCIAL INFORMATION FOR 2013

	2014			2013
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	\$ 2,987,662	\$ 157,314	\$ 25,000	\$ 3,169,976
Unconditional promises to give	1,852,173	-	-	1,852,173
Inventories	510,991	-	-	510,991
Investments	581,397	3,789,630	6,356,904	10,727,931
Prepaid expenses	180,018	-	-	180,018
Other assets	98,851	-	-	98,851
Beneficial interest in perpetual trust	-	-	1,324,040	1,324,040
Property and equipment, net	5,379,023	-	-	5,379,023
TOTAL ASSETS	\$ 11,590,115	\$ 3,946,944	\$ 7,705,944	\$ 23,243,003
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts payable	\$ 179,495	-	-	\$ 179,495
Accrued wages and compensated absences	297,473	-	-	297,473
Line of credit	-	-	-	-
Deferred revenue	145,479	-	-	145,479
Total Liabilities	622,447	-	-	622,447
NET ASSETS	10,967,668	3,946,944	7,705,944	22,620,556
TOTAL LIABILITIES AND NET ASSETS	\$ 11,590,115	\$ 3,946,944	\$ 7,705,944	\$ 23,243,003

See notes to the financial statements.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2014, WITH SUMMARIZED
INFORMATION FOR THE YEAR ENDING DECEMBER 31, 2013

	2014			2013	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
REVENUES AND OTHER SUPPORT					
Sales, special events, and admissions	\$ 6,336,642	\$ -	\$ -	\$ 6,336,642	\$ 5,474,942
Contributions and memberships	2,238,289	895,371	851,353	3,985,013	1,389,581
Investment income	183,003	785	55,576	239,364	731,143
Investment gains (losses)	(117,518)	211,946	663	95,091	900,299
Increase (decrease) in interest in perpetual trust and pooled income fund	2,876	-	-	2,876	63,951
Miscellaneous income	129,102	-	-	129,102	370,907
Net assets released from restrictions	1,587,320	(1,509,715)	(77,605)	-	-
Total Revenues and Other Support	10,359,714	(401,613)	829,987	10,788,088	8,930,823
EXPENSES					
Operating expenses:					
Program services	8,915,320	-	-	8,915,320	8,351,198
Management and general	1,055,275	-	-	1,055,275	1,150,582
Other expenses:	9,970,595	-	-	9,970,595	9,501,780
Loss on disposal of property	247,341	-	-	247,341	-
Interest expense	4,095	-	-	4,095	57,401
	251,436	-	-	251,436	57,401
Total Expenses	10,222,031	-	-	10,222,031	9,559,181
CHANGE IN NET ASSETS	137,683	(401,613)	829,987	566,057	(628,358)
NET ASSETS, BEGINNING OF YEAR	10,829,985	4,348,557	6,875,957	22,054,499	22,682,857
NET ASSETS, END OF YEAR	\$ 10,967,668	\$ 3,946,944	\$ 7,705,944	\$ 22,620,556	\$ 22,054,499

See notes to the financial statements.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2014

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in net assets	\$ 566,057
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:	
Depreciation expense	1,266,688
Net realized and unrealized (gain)/loss on investments	(95,091)
(Gain)/loss on disposal of property	247,341
(Increase) decrease in assets:	
Unconditional promises to give	1,214,900
Inventories	(154,594)
Prepaid expenses	(33,120)
Other assets	(49,831)
Beneficial interest in perpetual trust	21,367
Increase (decrease) in liabilities:	
Accounts payable	(82,350)
Accrued wages and compensated absences	(30,999)
Deferred revenue	(373,036)
Net cash provided by operating activities	2,497,332
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of capital assets	(117,732)
Purchase of investments	(2,508,814)
Proceeds from sale of investments	2,096,521
Net cash used in investing activities	(530,025)
CASH FLOWS FROM FINANCING ACTIVITIES	
Net payments on line of credit	(393,963)
NET INCREASE IN CASH	1,573,344
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,596,632
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 3,169,976
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:	
Cash paid for interest	\$ 4,095

See notes to the financial statements.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

1. OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION

Business Operations

The Naval Aviation Museum Foundation, Inc. (the Foundation) was incorporated in Florida in 1966 as a “nonprofit” corporation. The Foundation was organized to foster and perpetuate the National Naval Aviation Museum (Museum) as a medium of informing and educating the public about the important role of United States Naval Aviation; to inspire students undergoing naval flight training to complete training and become career officers; to serve as a philanthropic corporation in assisting the development and expansion of the facilities of the Museum; and to receive, hold, and administer gifts received from persons, other organizations, corporations, foundations, and philanthropies, in the best interest of the Foundation.

The Foundation further supports the Museum by providing services necessary for its day to day operation. The services include all marketing activities, radio and television ads, promotional billboards, conventions, development and maintenance of the Museum’s website and social media, and custodial services. Through its wholly owned subsidiary, the Foundation Museum Support, LLC (FMSC), the Foundation also operates a number of attractions within the Museum, such as the Giant Screen IMAX® Theatre, MaxFlight and Motion Based Simulators, the Blue Angels X4D® Experience, Flight Deck gift shop and Navalaviation.com. Proceeds from these attractions are used to support the Foundation and Museum.

The Foundation’s wholly owned subsidiary, the National Flight Academy, LLC (NFA), is an educational activity, but not endorsed or financially supported, by the United States Navy. NFA is designed to address the serious concerns of declining Science, Technology, Engineering, and Math (STEM) skills and standards in our country. The STEM concepts are taught using a hands-on approach in both real and virtual settings. NFA’s mission is to inspire students who subsequently return to their parent schools and seek out the more challenging courses in STEM.

Under agreements with the Navy, the Foundation is provided, without cost, office space in the Museum, floor space for operation of the Museum Flight Deck gift shop, and use of NFA. These agreements also govern operational programs conducted at the Museum and NFA by the Foundation.

Additionally, the Foundation must file an annual financial report with the Navy and make provision in the Foundation’s annual budget to provide fiscal support of Museum programs.

Principles of Consolidation

The consolidated financial statements include the accounts of the Foundation and its two wholly owned subsidiaries, NFA and FMSC. All material intercompany transactions are eliminated upon consolidation.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

1. OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION – CONTINUED

Basis of Accounting

The Foundation follows standards of accounting and financial reporting prescribed for nonprofit organizations in accordance with accounting principles generally accepted in the United States of America (GAAP). The Foundation uses the accrual basis of accounting, which recognizes revenue when earned and expenses as incurred.

Basis of Presentation

Under the provisions of generally accepted accounting principles, net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Foundation and changes therein are classified and reported as follows:

Unrestricted net assets are not subject to donor-imposed stipulations. Board designated or appropriated amounts are legally unrestricted and are reported as part of the unrestricted class.

Temporarily restricted net assets are subject to donor-imposed stipulations that may or will be met either by actions of the Foundation and/or the passage of time.

Permanently restricted net assets are subject to donor-imposed stipulations that they be maintained permanently by the Foundation.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Foundation considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Investments

Investments consist of certificates of deposit with original maturities in excess of three months, debt and marketable equity securities, mutual funds and annuities. Investments in debt and equity securities are carried at fair value, which is based on quoted market prices, with unrealized gains and losses recognized in earnings. All gains and losses arising from the sale, collection, or other disposition of investments are based on the specific identification method and are accounted for in the fund that owned the assets.

Inventory

Inventory consists of items available for sale in the Flight Deck gift shop as well as for web sales at Navalaviation.com and is stated at the lower of cost (using the average cost method) or market.

Unconditional Promises to Give

Unconditional promises to give are stated in the statement of financial position at their estimated realizable value. The Foundation accounts for bad debts using the allowance method. Unconditional promises to give with due dates extending beyond one year are discounted at 4%.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

1. OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION – CONTINUED

Property and Equipment

Property and equipment are recorded at cost, except for donated equipment which is recorded as a contribution at estimated fair market value on the date of receipt. Assets costing \$5,000 or more are capitalized and depreciated over their estimated service lives on a straight-line basis. The Foundation does not imply a time restriction on gifts of long-lived assets received.

Buildings and Aircraft Collections

The Museum is housed in buildings which were purchased with funds raised through the Foundation. The cost of these buildings is expensed as a transfer to the U.S. Navy since they are constructed on land owned by the Navy.

The Museum has extensive collections of aircraft and artifacts that constitute a record of aviation in the United States. These valuable, and sometimes irreplaceable, collections have been acquired through field expeditions, contributions and purchases since the Foundation's inception and represent one of the largest aviation history collections in the United States. Costs to refurbish these aircraft are recognized as expense when incurred.

The collections are the property of the United States Navy and are not recognized as assets in the accompanying consolidated statements of financial position. They are held under the care of the curatorial staff for educational and public exhibition purposes in furtherance of the Foundation's mission.

Revenue Recognition

Contributions are recognized when a donor makes a *promise to give* to the Foundation that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized.

All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Sales, special events revenue, and admissions are recognized as services are performed. Membership fees and tuition collected in advance are credited to deferred revenues. Membership income is recognized over the life of the membership on a straight-line basis. Tuition revenues are recognized at the time of camp attendance. Grant revenues are recognized when performance occurs under the terms of the grant agreement.

Expense Allocation

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated between program and supporting services.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

1. OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION – CONTINUED

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Tax Exemption

The Internal Revenue Service has determined the Foundation to be exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Foundation has been classified as a publicly supported organization which is not a private organization under Section 509(a) of the Code. The Foundation is not aware of any uncertain tax positions that would require disclosure or accrual in accordance with generally accepted accounting principles.

Summarized Financial Information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the year ended December 31, 2013, from which the summarized information was derived.

Advertising

Advertising costs are expensed as incurred. Advertising expense for the year ended December 31, 2014 was approximately \$237,000.

Reclassifications

Certain amounts in the 2013 consolidated financial statements have been reclassified to conform to the 2014 financial statement presentation.

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2014 and April 24, 2015, which is the date that financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

2. CONCENTRATIONS OF RISK

The Foundation maintains deposits in financial institutions which may at times exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (FDIC) and/or the Securities Investor Protection Corporation (SIPC). As of December 31, 2014, the Foundation's cash and cash equivalents are concentrated in a few financial institutions and subject to risk of loss in the event of financial institution failure as it exceeds insurance coverage provided. The Foundation's exposure in its investments is limited due to the diversity of its portfolio. The Foundation believes it is not exposed to significant risk of financial institution failure.

Concentrations of credit risk with respect to donor promises to give are limited due to the large number of contributors comprising the Foundation's contributor base. As of December 31, 2014, the Foundation had no significant concentrations of credit risk with respect to donor promises to give.

3. UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give at year-end consisted of the following:

Amounts due:

Within one year	\$ 793,641
In one to five years	1,168,040
After five years	<u>217,325</u>
	2,179,006
Less: Present value discount and allowance for uncollectable accounts	<u>(326,833)</u>
Total promises to give	<u>\$ 1,852,173</u>

4. INVESTMENTS

The Foundation considers various inputs when determining the fair value of its investments. The inputs are summarized in three broad levels listed below:

- Level 1 – observable market inputs that are unadjusted quoted prices for identical assets or liabilities in active markets.
- Level 2 – other significant observable inputs (including quoted prices for similar securities, interest rates, credit risk, etc.)
- Level 3 – significant unobservable inputs. The Foundation does not have any investments considered level 3 as of December 31, 2014.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

4. INVESTMENTS - CONTINUED

Investments at December 31, 2014, consisted of the following:

The Naval Aviation Museum Foundation and Foundation Museum Support

	<u>Fair Market Value</u>
Certificate of deposit (level 1)	\$ 139,189
Equities and mutual funds (level 1)	8,227,429
Hedge funds (level 2)	1,094,022
Annuities (level 2)	<u>1,267,291</u>
	<u>\$ 10,727,931</u>

The Foundation uses the following valuation techniques to determine the fair value of its investments:

Certificate of deposit: Valued at cost plus accrued interest, which approximates fair value due to the short-term nature of these investments.

Equities and mutual funds: Determined by the published net asset value per unit at the end of the last trading day of the fiscal year, which is the basis for transactions at that date.

Hedge funds: These funds invest in marketable securities that trade in well-established and highly-liquid markets (stocks, bonds, futures, options, etc.). Independent pricing services are used to obtain daily position prices. These prices are used to determine the value of the multi-fund pool (hedge fund). Once the hedge fund valuation is established, the individual investor valuations are calculated based on their ownership share of each pool.

Annuity contracts: Determined by prices and other relevant information generated by market transactions involving comparable instruments. The prices and other relevant information used are adjusted based on the risk and benefits of the annuity contracts in order to arrive at the fair market value.

There were no changes in the valuation techniques during the year.

5. BENEFICIAL INTEREST TRUSTS

The Foundation is the beneficiary of a perpetual trust and a pooled income trust. Both trusts are administered by local financial institutions. The Foundation receives income distributions from the perpetual trust quarterly and has no access to the corpus. Perpetual trust assets totaling approximately \$1,324,000 are recorded in the statement of financial position as permanently restricted assets. At year-end the perpetual trust fund included approximately \$47,000 in cash, approximately \$1,064,000 in equity securities, and approximately \$213,000 in debt securities. The perpetual trust is valued at fair market value and is comprised of equities and mutual funds (level 1). Distributions to the Foundation from the perpetual trust for the year totaled approximately \$56,000.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

5. BENEFICIAL INTEREST TRUSTS - CONTINUED

During 2014, the administrator of the pooled income trust distributed to the Foundation the trust assets totaling approximately \$42,000 in accordance with the terms set forth by the donors. The receipt from the trust of approximately \$42,000 is recorded in the statement of financial position as unrestricted assets.

6. PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2014, consisted of the following:

The Naval Aviation Museum Foundation and Foundation Museum Support

	<u>Useful lives</u>	
Office, simulators and theater equipment	3 -15 years	\$ 1,503,234
Vehicles	10 years	10,203
Software	3 - 5 years	<u>26,602</u>
		1,540,039
Less: Accumulated depreciation		<u>(676,470)</u>
		<u>\$ 863,569</u>

National Flight Academy

	<u>Useful lives</u>	
Office equipment and furnishings	3 -15 years	\$ 4,070,668
Leasehold improvements	15 years	1,404,056
Flight academy curriculum	7 -15 years	918,221
Software	3 -15 years	1,312,273
Website	3 - 5 years	<u>47,169</u>
		7,752,387
Less: Accumulated depreciation		<u>(3,236,933)</u>
		<u>\$ 4,515,454</u>

7. LINE OF CREDIT

In 2013, NFA entered into a \$1,000,000 line of credit with a bank which expired on August 23, 2014. On July 23, 2014, NFA renewed its line of credit with similar terms as the previous agreement except for the principal balance was reduced to \$950,000 and will mature on August 23, 2015. The rate of interest for the line of credit is the LIBOR-one month rate plus 4.5% with a floor of 4.75%. The line is secured by an agreement covering all equipment and promises to give. At December 31, 2014, the outstanding balance on the line of credit was \$0.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

8. EMPLOYEE BENEFITS

The Foundation has a Safe Harbor 401(k) plan which covers employees who have completed three months of service and who are at least 21 years of age. Employees may contribute up to the lesser of \$17,500 or 50% of their eligible salaries into the plan. The Foundation makes a fully vested matching contribution equal to 100% of the first 4% of compensation each participant contributes to the plan each payroll period. The Foundation made matching contributions to the plan in 2014 of approximately \$55,000.

9. UNRESTRICTED NET ASSETS

Unrestricted net assets at December 31, 2014, consisted of the following:

Board designated:	
Wings of Gold	\$ 909,634
Benefactor's Circle	<u>222,528</u>
	1,132,162
Undesignated	<u>9,835,506</u>
	<u>\$ 10,967,668</u>

10. RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets at December 31, 2014, are available for the following purposes:

Lupo Trust - Symposium	\$ 31,608
Wings of Gold	1,817,248
NFA - Donor Restricted	133,061
Benefactor's Circle	678,483
Grants	24,902
Aircraft and Exhibit projects	<u>1,261,642</u>
	<u>\$ 3,946,944</u>

Permanently restricted net assets consist of assets to be held indefinitely. The income from the assets can be used as follows:

	<u>Purpose</u>	<u>Amount</u>
McCarthy Trust	Unrestricted	\$ 1,324,040
Lupo Trust	Symposium	112,580
Wings of Gold	To perpetuate the mission of the NAMF	6,244,324
Trader Jon's	NFA Scholarships	<u>25,000</u>
		<u>\$ 7,705,944</u>

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

11. COMMITMENTS

The Foundation leases equipment in the IMAX Theater from IMAX Corporation under a non-cancelable operating lease ending in June 2016. The lease sets forth a minimum monthly lease cost, however, the Foundation is required to pay 3% to 7% of IMAX Theater admission revenue if it exceeds the minimum lease cost requirement. The operating lease also includes required annual maintenance. The Foundation incurred approximately \$149,000 in cost related to this lease for the period ending December 31, 2014.

The Foundation operates the Motion Based Simulator under a profit-sharing agreement with Flight Avionics of North America, Inc. (FANA). The Foundation and FANA evenly split profits derived from operation of the simulator. Losses, if any, are absorbed 100% by FANA. The amount paid to FANA during 2014 under the profit-sharing arrangement was approximately \$112,000.

The Foundation has an existing lease agreement with NAVFAC LANT for the use of the NFA building. The lease was executed upon the donation and acceptance of the building by the Foundation to the Navy. The lease agreement is effective until December 31, 2061. Under the terms of the lease agreement the Foundation is responsible for the NFA building interior and exterior maintenance costs.

12. LITIGATION

The Foundation is subject to a variety of claims and lawsuits that arise from time to time in the ordinary course of business. In the opinion of management, there are no lawsuits or claims outstanding which could have a material adverse effect on the financial position of the Foundation.

13. RELATED PARTY TRANSACTIONS

NFA received contributions from the Foundation's Board of Trustees and from companies whose management serve on the Foundation's Board of Trustees of approximately \$1,200,000 during 2014. As of December 31, 2014, NFA has outstanding pledges receivable of approximately \$1,400,000 from the Foundation's Board of Trustees and from companies whose management serve on the Foundation's Board of Trustees.

The Foundation received contributions of approximately \$121,000 from its Board of Trustees during 2014.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

14. ENDOWMENT

The Foundation's endowment consists of individual funds established for scholarships and a fund established for the support of the Foundation. Its endowment included only donor-restricted endowment funds. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The State of Florida adopted the Uniform Prudent Management of Institutional Funds Act of 1972 (UPMIFA) effective June 17, 2012. The Foundation currently classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment (if any) and (c) accumulation to the permanent endowment made in accordance with the direction of the applicable donor gift instrument.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the donor's stipulations or the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund.
- (2) The purpose of the organization and donor-restricted endowment fund.
- (3) General economic conditions.
- (4) The possible effect of inflation and deflation.
- (5) The expected total return from income and the appreciation of investments.
- (6) Other resources of the Foundation.
- (7) The investment policies of the Foundation.

The following depicts the endowment funds, as well as the activity for the endowment funds, for the year ended December 31, 2014:

	Permanently Restricted
Endowment net assets, beginning of year	\$ 6,875,957
Donations and other support	829,987
Endowment net assets, end of year	<u>\$ 7,705,944</u>

The endowment net assets are all donor designated funds.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

14. ENDOWMENT - CONTINUED

Return Objectives and Risk Parameters

The Foundation's assets shall be invested in accordance with sound investment practices that emphasize long-term investment fundamentals. In establishing the investment objectives of the Foundation, the Board of Directors has taken into account the financial needs and circumstances of the Foundation, the time horizon available for investment, the nature of the Foundation's cash flows and liabilities and other factors that affect their risk tolerance.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Foundation has determined that the investment of the assets shall be guided by the following underlying principles: (a) to achieve a positive rate of return over the long term that would significantly contribute to the cash flow needs of the Foundation for ongoing operations and capital projects; (b) to provide for asset growth at a rate in excess of the rate of inflation; (c) to diversify the assets in order to reduce the risk of wide swings in market value from year to year or of incurring large losses that could occur from concentrated positions; and (d) to achieve investment results over the long term that compare favorably with those of other endowments and foundations, professionally managed portfolios and of appropriate market indexes.

Spending Policy and How the Investment Objectives Relate to the Spending Policy

The Foundation uses the following principles for their Spending Policy:

- (1) The Board approves the Foundation's general spending practices.
- (2) The current spending policy for scholarships is to distribute amounts equal to donor specifications.
- (3) Foundation revenue generating functions should substantially fund Foundation operations.
- (4) Strict adherence to donor gift instructions is mandatory.
- (5) Absent donor gift instructions to the contrary and as permitted by pertinent law, income and capital appreciation related to restricted assets may be used to fund Foundation operating needs. Absent specific Board approval this funding will not, in any year, exceed 5% of the market value of the fund averaged over the preceding three years.

SUPPLEMENTARY INFORMATION

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED SCHEDULE OF DIVISIONAL INCOME AND EXPENSE (UNAUDITED)
FOR THE YEAR ENDED DECEMBER 31, 2014, WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2013

	Administration	Program						Investment Activity
		Public Awareness	Cubi Bar	Theater	Flightdeck Store	Simulator	Max Flight Simulator	
REVENUES AND OTHER SUPPORT								
Sales, special events, tuition, and admissions	\$ -	\$ -	\$ 53,285	\$ 813,322	\$ 2,718,692	\$ 378,947	\$ 381,786	\$ -
Contributions and memberships	124,823	-	-	-	-	-	-	-
Investment income	-	-	-	-	-	-	-	239,037
Investment gains (losses)	-	-	-	-	-	-	-	95,047
Increase (decrease) in interest in perpetual trust and pooled income fund	-	-	-	-	-	-	-	2,876
Miscellaneous income	129,102	-	-	-	-	-	-	-
Total Revenues and Other Support	253,925	-	53,285	813,322	2,718,692	378,947	381,786	336,960
EXPENSES								
Operating expenses:								
Advertising	1,244	190,681	-	25,556	23,304	-	-	-
Bad debts	-	-	-	-	-	-	-	-
Bank, broker, and credit card charges	24,358	-	-	20,174	50,538	-	-	85,214
Depreciation and amortization	138,779	-	-	-	-	-	-	-
Direct costs and costs of sales	44,968	-	-	161,684	1,247,945	120,832	-	-
Direct museum support	-	-	-	-	-	-	-	-
Event expense	-	-	-	-	-	-	-	-
Insurance	74,479	-	-	-	-	6,120	13,117	-
Intercompany (revenue) expense	(294,596)	-	-	-	-	-	-	-
MIS support	60,439	216	-	4,276	17,510	-	541	-
Office supplies and expenses	12,671	3,118	-	21,912	41,595	125	82	-
Other expenses	44,934	7,423	-	4,912	7,435	3,233	(121)	-
Professional services	43,101	-	-	-	-	-	-	-
Repairs and maintenance	5,697	-	-	107,605	4,295	9,095	7,159	-
Salaries and benefits	848,835	99,658	-	395,442	265,880	77,862	115,233	-
Travel	21,327	204	-	(136)	171	-	-	-
Utilities and telephone	29,039	-	-	87,980	17,867	7,540	-	-
	1,055,275	301,300	-	829,405	1,676,540	224,807	136,011	85,214
Other expenses:								
Loss on disposal of property	69,637	-	-	-	-	-	-	-
Interest expense	-	-	-	-	-	-	-	-
	69,637	-	-	-	-	-	-	-
Total Expenses	1,124,912	301,300	-	829,405	1,676,540	224,807	136,011	85,214
INCREASE (DECREASE) IN NET ASSETS	\$ (870,987)	\$ (301,300)	\$ 53,285	\$ (16,083)	\$ 1,042,152	\$ 154,140	\$ 245,775	\$ 251,746

See independent auditors' report.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED SCHEDULE OF DIVISIONAL INCOME AND EXPENSE (UNAUDITED) -- (Continued)
FOR THE YEAR ENDED DECEMBER 31, 2014, WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2013

	Program							2013 Total
	Flight Academy	Development	Membership	Education	Museum Support	Blue Angel 4D	Museum Projects & Aircraft Restoration	
REVENUES AND OTHER SUPPORT								
Sales, special events, tuition, and admissions	\$ 1,054,321	\$ 657,058	\$ -	\$ 19,752	\$ -	\$ 259,479	\$ -	\$ 6,336,642
Contributions and memberships	1,142,242	2,236,801	149,358	-	-	-	331,789	3,985,013
Investment income	327	-	-	-	-	-	-	239,364
Investment gains (losses)	44	-	-	-	-	-	-	95,091
Increase (decrease) in interest in perpetual trust and pooled income fund	-	-	-	-	-	-	-	2,876
Miscellaneous income	-	-	-	-	-	-	-	129,102
Total Revenues and Other Support	2,196,934	2,893,859	149,358	19,752	-	259,479	331,789	10,788,088
								8,930,823
EXPENSES								
Operating expenses:								
Advertising	111,522	12,091	3,250	-	-	-	-	367,648
Bad debts	3,900	31,718	-	-	-	-	-	35,618
Bank, broker, and credit card charges	9,524	-	35	-	-	-	-	189,843
Depreciation and amortization	1,127,909	-	-	-	-	-	-	1,266,688
Direct costs and costs of sales	1,028,038	10,217	-	13,898	-	-	-	2,627,582
Direct museum support	-	-	-	-	97,843	-	601,638	699,481
Event expense	-	114,894	-	-	-	-	-	114,894
Insurance	156,389	-	-	2,484	-	-	-	252,589
Intercompany (revenue) expense	294,596	-	-	-	-	-	-	-
MIS support	80,961	7,170	-	720	1,200	-	-	173,033
Office supplies and expenses	14,814	25,489	79,328	1,277	153	432	-	200,996
Other expenses	96,215	15,125	-	228	65,793	34	-	245,211
Professional services	728	3,132	-	-	-	-	-	46,961
Repairs and maintenance	118,753	1,791	1,462	1,782	-	1,573	-	259,212
Salaries and benefits	507,666	252,423	107,798	71,807	413,228	57,252	-	3,213,084
Travel	1,858	23,759	-	-	-	-	-	47,183
Utilities and telephone	84,609	3,487	-	50	-	-	-	230,572
	3,637,482	501,296	191,873	92,246	578,217	59,291	601,638	9,970,595
Other expenses:								
Loss on disposal of property	177,704	-	-	-	-	-	-	247,341
Interest expense	4,095	-	-	-	-	-	-	4,095
Total Expenses	3,819,281	501,296	191,873	92,246	578,217	59,291	601,638	10,222,031
								57,401
INCREASE (DECREASE) IN NET ASSETS	\$ (1,622,347)	\$ 2,392,563	\$ (42,515)	\$ (72,494)	\$ (578,217)	\$ 200,188	\$ (269,849)	\$ 566,057
								\$ (628,358)

See independent auditors' report.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATING STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED DECEMBER 31, 2014

	<u>NAMF</u>	<u>Support</u>	<u>NFA</u>	<u>Consolidating</u>	<u>Consolidated</u>
ASSETS					
Cash and cash equivalents	\$ 1,667,436	\$ 612,544	\$ 889,996	\$ -	\$ 3,169,976
Unconditional promises to give	26,285	-	1,825,888	-	1,852,173
Inventories	-	510,991	-	-	510,991
Investments	9,460,640	1,267,291	-	-	10,727,931
Prepaid expenses	57,592	9,479	112,947	-	180,018
Due from other subsidiaries	-	1,557,252	22,457	(1,579,709)	-
Other assets	3,191	48,396	47,264	-	98,851
Beneficial interest in perpetual trust	1,324,040	-	-	-	1,324,040
Property and equipment, net	64,241	799,328	4,515,454	-	5,379,023
Total Assets	12,603,425	4,805,281	7,414,006	(1,579,709)	23,243,003
LIABILITIES AND NET ASSETS					
LIABILITIES					
Accounts payable	36,210	106,594	36,691	-	179,495
Accrued wages and compensated absences	125,973	139,145	32,355	-	297,473
Due to other subsidiaries	1,579,709	-	-	(1,579,709)	-
Deferred revenue	99,644	-	45,835	-	145,479
Total Liabilities	1,841,536	245,739	114,881	(1,579,709)	622,447
NET ASSETS	10,761,889	4,559,542	7,299,125	-	22,620,556
Total Liabilities and Net Assets	\$ 12,603,425	\$ 4,805,281	\$ 7,414,006	\$ (1,579,709)	\$ 23,243,003

See independent auditors' report.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATING STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2014

	<u>NAMF</u>	<u>Support</u>	<u>NFA</u>	<u>Consolidated</u>
REVENUES AND OTHER SUPPORT				
Sales, special events, and admissions	\$ 676,810	\$ 4,605,511	\$ 1,054,321	\$ 6,336,642
Contributions and memberships	2,386,159	456,612	1,142,242	3,985,013
Investment income	238,861	176	327	239,364
Investment gains (losses)	63,643	31,404	44	95,091
Increase (decrease) in interest in perpetual trust and pooled income fund	2,876	-	-	2,876
Miscellaneous income	4,577	124,525	-	129,102
Total Revenues and Other Support	3,372,926	5,218,228	2,196,934	10,788,088
EXPENSES				
Operating expenses:				
Program services	1,171,917	4,105,909	3,637,494	8,915,320
Management and general	630,847	424,428	-	1,055,275
Total Expenses	1,802,764	4,530,337	3,637,494	9,970,595
Other expenses:				
Loss on disposal of property	57,200	12,437	177,704	247,341
Interest expense	-	-	4,095	4,095
	57,200	12,437	181,799	251,436
Total Expenses	1,859,964	4,542,774	3,819,293	10,222,031
CHANGE IN NET ASSETS	1,512,962	675,454	(1,622,359)	566,057
NET ASSETS, BEGINNING OF YEAR	9,248,927	3,884,088	8,921,484	22,054,499
NET ASSETS, END OF YEAR	\$ 10,761,889	\$ 4,559,542	\$ 7,299,125	\$ 22,620,556

See independent auditors' report.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 20____

2014

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of 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	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>8,713,627.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶ <input type="checkbox"/>	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** to enter my PIN **78237**
ERO firm name 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

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. Green Date ▶ 6/8/15

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

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAVAL AVIATION MUSEUM FOUNDATION, INC. Doing business as		D Employer identification number 59-6178237
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite POST OFFICE BOX 33104		E Telephone number 850-453-2389
	City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32508		G Gross receipts \$ 12,690,176.
	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.NAVALAVIATIONMUSEUM.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> 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
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,522,356.	4,497,537.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,036,040.	2,907,584.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	626,729.	305,410.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,222,885.	1,003,096.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,408,010.	8,713,627.
	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)	423,953.	391,000.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	263,038.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,681,079.	7,788,491.
19 Revenue less expenses. Subtract line 18 from line 12	8,105,032.	8,179,491.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-1,697,022.	534,136.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	23,557,294.	23,243,003.
		1,502,795.	622,447.
		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		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MARGARET N. 'MCGEE' LORRE		
	Firm's name	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
	WARREN AVERETT, LLC	45-4084437	P00012084
	Firm's address	Phone no. 850-435-7400	
	316 SOUTH BAYLEN ST. SUITE 300 PENSACOLA, FL 32502		

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 [X]

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 [X] 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 [X] 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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		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 VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2 a FLIGHT ACADEMY	Business Code	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.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		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			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			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						
	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			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.	

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.	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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	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? _____		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 _____		





**Fiscal Year 2016-2017
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, Suite 440
Pensacola, Florida 32502**

Please submit:

- A copy of your organization's 2014 or 2015 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: Sertoma's 4th of July Celebration, a joint ventur

Agency Address: c/o Jeff Heddy
Northeast Pensacola Sertoma Club Inc
P.O. Box 10697
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:

Escambia County's 4th of July Festival, which includes free activities for children, art/craft vendors, food vendors and live music, 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 2016-2017
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, Tug, Park Rental, Bands, Stage, Children's Area, billboards
The event is open to the public with no costs to participate.

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

Fireworks, Barge, Tug, Bands, Stage, Children's Area - the children's area includes but is not limited to rock climbing wall(s), pony rides, bounce houses, pony petting area, character meet/greet and face painting.

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 during the day. We try to get additional sponsorships, but funds have been very limited.



Fiscal Year 2016-2017 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"

Celebration of our independence
Family fun at no cost to families
Promote patriotism and unity

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
Income from the sale of vendor booths which help fund additional event items

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 consistently have large crowds for our celebration. Our event has the largest number of participants than any other celebration in Escambia County.



Fiscal Year 2016-2017 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	12,200.00	12,200.00	
County Funding	75,000.00	75,000.00	
City Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			
Total Income	87,200.00	87,200.00	



Fiscal Year 2016-2017 ESCAMBIA COUNTY AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing		0.00	
Salaries and Wages		0.00	
Employee Benefits		0.00	
Professional Services		0.00	
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			
Fuel			



Fiscal Year 2016-2017 ESCAMBIA COUNTY AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Other Expenses			
Capitalizable Assets			
Total Expenses	80,456.98	91,800.00	
Net Income	7169.15		

Please explain any capitalizable asset contained in your request.

We are on an extremely tight budget so we constantly renegotiate with our vendors and get 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, Cox Communications, etc. as well as many volunteer hours from Sertoma members. We would like to use remaining funds to get a bigger headline act or to add towards the cost of the fireworks for a bigger show. There are no wage/salary expenses as we are all volunteers.

Sertoma's Fourth of July - 2013 Budget						
Revenue	14 BUDGET	14 ACTUAL	15 BUDGET	15 ACTUAL	16 BUDGET	16 ACTUAL
Balance from prior year					\$ 7,169.15	
Sponsorship - City						
Sponsorship - County	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00
Sponsorship (2013 - Wal-mart)						
Sponsorship						
ADDITIONAL SPONSORSHIP INCOME						
Sertoma Clubs Contributions						
Buffalo Rock						
Food Vendor Income	\$ 3,000.00	\$ 4,715.00	\$ 4,500.00	\$ 7,500.00	\$ 4,500.00	
Arts & Crafts Vendor Income	\$ 2,000.00	\$ 3,650.00	\$ 3,500.00	\$ 2,175.00	\$ 3,500.00	
Other Vendor Income (politicians, displays, etc)	\$ 500.00					
Event Receipts	\$ 4,000.00	\$ 4,490.50	\$ 4,000.00	\$ 2,898.00	\$ 4,000.00	
Event Tips		\$ 234.00	\$ 200.00	\$ 53.13	\$ 200.00	
Sales - Other						
Misc Income						
Total Revenue	\$84,500.00	\$88,089.50	\$87,200.00	\$87,626.13	\$94,369.15	\$75,000.00
Operating Expenses						
Sales Tax			\$ 900.00		\$ 900.00	
Beer Expense		\$ 440.00	\$ 500.00	\$ 302.96	\$ 500.00	
Beverage Expense	\$ 1,700.00	\$ 1,243.50	\$ 1,200.00	\$ 1,144.50	\$ 1,200.00	
License Expense	\$ 50.00	\$ -	\$ 50.00	\$ 25.00	\$ 50.00	
Port O Lets Expense - Pot-o-Gold	\$ 3,500.00	\$ 5,240.00	\$ 3,500.00	\$ 3,529.35	\$ 3,500.00	
Dumpsters (2-15yd.) - Pot-o-Gold/Garbage Dumping	\$ 750.00	\$ 673.00	\$ 750.00	\$ 390.00	\$ 750.00	
Trash pick-up labor (Clean & Green?)	\$ 1,500.00	\$ 1,400.00	\$ 1,500.00	\$ 1,400.00	\$ 1,500.00	
Street Sweeper	\$ 175.00	\$ 400.00	\$ 500.00	\$ -	\$ 500.00	
Security Expense - PPD	\$ 1,500.00	\$ 175.00	\$ 1,000.00	\$ 375.00	\$ 1,000.00	
Fire Protection Expense - Fire Dept (4 @ \$23/hr for 8 hrs.)	\$ 800.00	\$ 1,482.00	\$ 1,000.00	\$ 1,620.00	\$ 1,000.00	
Fireworks Expense	\$ 40,000.00	\$ 38,000.00	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	
Barge and Tug	\$ 7,000.00	\$ 7,000.00	\$ 7,000.00	\$ 7,000.00	\$ 7,000.00	
Headquarters/Cleaning		\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	
Entertainment						
Sound at Seville & Bayfront	\$ 3,500.00	\$ 3,800.00	\$ 3,800.00	\$ 3,500.00	\$ 3,800.00	
Entertainment at Seville						
Band (Opening Act Main Stage)	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 1,000.00	
Band (Headline Act)	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 750.00	\$ 5,000.00	
Lodging for band						
Stage (covered)	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	
Sound and Lighting for Stage - included with stage						
Stage labor (Marines)						
Band "Green Room" Artels						
Band catering						
Back Line Gear rental - included with stage						
Arts and Crafts - Postage	\$ 50.00	\$ -	\$ 50.00		\$ 50.00	
Permit for Parks - City	\$ 700.00	\$ 1,050.00	\$ 1,050.00	\$ 1,550.00	\$ 1,050.00	
Permit for Fountain Park - WFHPI	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	
Permit for Stage	\$ 35.00	\$ -	\$ 35.00	\$ -	\$ 35.00	
Barricades	\$ 200.00	\$ -		\$ -		
Trolley - Beachboy Trolley	\$ 1,500.00	\$ -		\$ -		
Generator / Re-Fuel Generator						
Set-up for Electrical - Gulf Power						
Set-up for Electric Use						
Table and Chair Rental - Kents (Tent for 2011?)	\$ 700.00	\$ 383.63	\$ 500.00	\$ 634.00	\$ 500.00	
Insurance	\$ 4,000.00	\$ 4,593.33	\$ 4,500.00	\$ 4,574.06	\$ 4,500.00	
Gulf Coast Traffic Engineers - Traffic Cones	\$ 200.00	\$ -				
Promotions						
T-Shirts (Rockett Marketing)	\$ 850.00	\$ 795.75	\$ 600.00	\$ 677.61	\$ 700.00	
Rack Cards (Franklin's)	\$ 400.00	\$ -				
Posters (Franklin's)						
Signs/Banners (Fast Signs)	\$ 500.00	\$ -				
Lamar - Billboards	\$ 2,000.00	\$ 2,250.00	\$ 2,250.00	\$ 2,250.00	\$ 2,250.00	
Administration						
Postage/PO Box	\$ 100.00	\$ 92.00	\$ 100.00		\$ 100.00	
Web Site	\$ 150.00	\$ 113.00	\$ 115.00		\$ 115.00	
Bank Charges	\$ 25.00	\$ 85.00	\$ 50.00	\$ 14.50	\$ 50.00	
Admin Supplies	\$ 100.00					
Volunteer Goodwill Expense						
Children's Area Expense	\$ 15,000.00	\$ 15,200.00	\$ 15,000.00	\$ 9,570.00	\$ 15,000.00	
Total Operating Expenses	\$93,985.00	\$91,566.21	\$87,200.00	\$80,456.98	\$91,800.00	\$0.00
Net Income (Loss)	-\$9,485.00	-\$3,476.71	\$0.00	\$7,169.15	\$2,569.15	\$75,000.00



SERTOMA'S 4TH OF JULY CELEBRATION

PENSACOLA, FLORIDA

Amount of funding received from Escambia County = \$75,000

Funds were used as follows:

Fireworks - \$35,000 (Please see separate attachment for shot count)

 **Fireworks' company prepares show in synchronization to music broadcast on
 Cat Country 98.7

Barge and Tug - \$7,000

Sound at Seville Square and down Bayfront Pkwy - \$3,500

Stage - \$5,000

Bands –

 Opening Act - \$500

 Headline Band - \$750

Children's area - \$9,570

 Included Character meet and greets (Elsa, Spiderman, Captain America, etc), 3 Bounce
 Houses, Pony rides, Pony petting area, Rock Climbing Wall, Bungee Jump, Face Painting

Insurance for event - \$4574.06

Port –o–lets for Seville Square, Bartram Park and down Bayfront Pkwy (80 units + Handwash units) – 3,529.35

Billboards for promoting event - \$2,250

Trash Pick-up (Keep Pensacola Beautiful) - \$1,400

Permits for parks –

 \$1,550 (Seville and Bartram)

 \$500 (Fountain Park)

Please see event study for estimate of attendance and financial impact for the County



4652 Catawba River rd.
Catawba. SC. 29704
eastcoastpyro.com



Proposing Entity: East Coast Pyrotechnics, Inc.

Name of Project: Pensacola Sertoma's July 4th

Event Date: July 4, 2015

Contact Person: Jeff Matthews, Event Producer

Contact Address: East Coast Pyrotechnics, Inc.
4652 Catawba River Road
Catawba, SC 29704

Contact Telephone: (800) 238 - 5114

Contact Facsimile: (803) 789 - 6440

Contact e-mail Address: jeff@eastcoastpyro.com



FIREWORKS SERVICES

East Coast Pyrotechnics produces hundreds of July 4th shows each year. From small scale traditional displays to Multi-media, computer designed and executed pyromusical presentations, East Coast Pyrotechnics is working to preserve the traditional craft and lead the digital future of fireworks entertainment.

traditional fireworks displays:

The traditional style fireworks display is the foundation of our business.

East Coast Pyrotechnics stocks a tremendous variety of fireworks products for use in our custom designed traditional displays. Multi-effect barrage devices, exhibition low level effect fronts of comets and mines, large precision candle scenes, traditional aerial shell styles, state of the art graphic pattern shells and exotic imports from Europe give our shows an exciting International flare. Each traditional display is a unique production designed by your East Coast project manager.

computer designed fireworks entertainment:

Fireworks choreographed to music is the next level of pyrotechnic entertainment.

These multi- media productions combine two tremendously powerful mediums. East Coast Pyrotechnics has the technology, Creative Personnel and expert pyrotechnicians to design and deliver world class pyro-musical entertainment. Our production staff can produce a digital soundtrack to your specifications. Patriotic, Sports related, Rock, Country, Classical, Beach Music, Big Band, Little Band, any band, If you can describe it we can produce it. East Coast pyro-musical productions are designed and computer fired using the industries most advanced software and digital show hardware.

close proximity pyrotechnics:

An impactful way to add awesome precision pyrotechnic effects to a smaller venue.

Designated as 1.4g pyrotechnics, Close Proximity

pyrotechnics can be used in situations where large caliber 1.3g pyrotechnics are not an option due to separation distances from an audience. In venues where the show location is less than 75' from spectators, Close Proximity effects are the best option. These effects are often used at events produced by East Coast such as NACSAR pre-race ceremonies, college and NFL pre-game player intros and scoring shots, Minor and Major League Baseball Home Run shots, and myriad special events that benefit from the unparalleled impact of close proximity pyrotechnics. These products can be fired from stages, rooftops, floating platforms, bridges, light towers, you name it. Our project managers can evaluate any venue to determine if Close Proximity Pyro is an option for your next event.

indoor pyrotechnics:

Everything you need for the "Wow" factor under one roof.

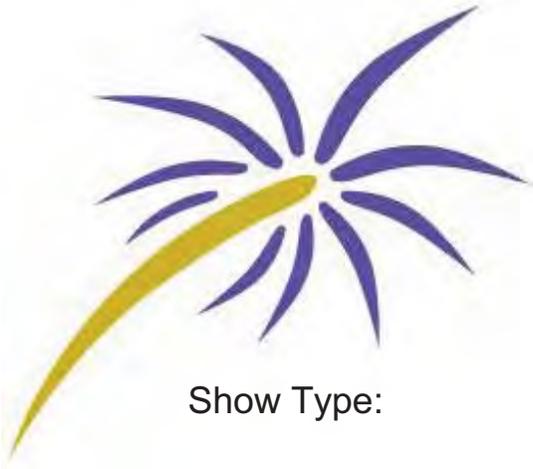
The Georgia Dome in Atlanta, Bobcats Arena in Charlotte, The Bi-Lo Center in South Carolina and many other buildings capable of hosting large scale events often incorporate indoor pyrotechnics to impact sporting events, corporate event, concerts and stage performance of all kinds. Indoor pyrotechnics are a specialty product designed specifically for indoor events.



East Coast Pyrotechnics, Inc.

(800) 238-5114 (phone) | (803) 789-6440 (fax)

eastcoastpyro.com



Proposal Specifications

Show Type:

Electronically Fired
Computer Choreographed
Pyro-Musical Production

Prepared For:

Pensacola Sertoma's July 4th

Type of Pyrotechnic Effect:

Low Level through 10" Aerial Shells

This Proposal Includes:

Five Million Dollars Public Liability Insurance
Licensed Professional Pyrotechnicians
Workers Compensation Insurance
All Fireworks Material Necessary to the Production
All Firing Equipment Necessary to the Production

Proposal Cost:

\$35,000.00



Program

East Coast Pyrotechnics is proud to present this custom program for your special event. As a direct importer East Coast Pyrotechnics assembles a world class inventory of the best professional grade pyrotechnic product from the best manufacturers in the industry. Our creative and technical presentation capabilities create a surefire formula for a spectacular One-of-a-kind production designed to exceed your expectations.

Opening Segment



Shot Quantities

Multi-Shot Devices

250	2" Blue Falling Leaf Shells
150	2-1/2" Gold Brocade Shells
250	1-1/2" Variegated Crossette Shells
100	2" Multi Color Peony Shells
150	1-1/2" Swirling Dragon Shells
100	2 1/2" Col & Titanium Salute with Tail
90	2-1/2" Peony in Spring Shells
72	2 1/2" Gold Glitter with Assorted Pistil
150	2" Blue, Red & Silver Comet Shells
100	2-1/2" Silver Brocade to Crackling Shells



Main Body – 3” Aerial Shells

Shot Quantities

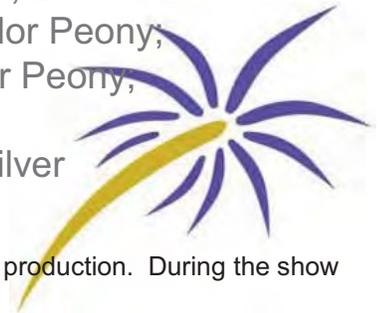
Aerial Shells

45	3” Anping Shells
35	3” Dancing Fireworks Group
45	3” Flower Basket Brand
35	3” Glorious Entertainment Production
45	3” Icon Pyrotechnics International
35	3” Lidu Fireworks Corporation Ltd.
45	3” Sunny International
35	3” Vulcan Premier Fireworks

Product Description

Assorted Flower Basket; Red Ring; White Ring; Blue Ring; Dispark Chrysanthemum; Crackling Tiger Tail; Red Tiger Tail; Blue Tiger Tail; Silver Tiger Tail; Titanium Salute; Titanium Salute with Silver Tail; Ruby, Blue, White Flashes; Lemon Ruby Blue Green Purple; Brocade Green; Brocade Purple; White Dahlia; Lemon Dahlia; Kamuro; Kamuro to Silver; Lemon & Peach Color Peony; Aqua & Red Color Peony; Cyan & Grass Green Color Peony; Orange & Purple Color Peony; Red Comets; Lemon Comets; Blue Comets; White Comets; Silver Tourbillion; Silver Tourbillion with Report

*Due to space limitations this list contains a sampling of effects to be incorporated into this production. During the show design phase products from our full inventory will be utilized.





Main Body – 4” Aerial Shells

Shot Quantities

35

35

35

35

35

35

35

35

Aerial Shells

4” Anping Shells

4” Dancing Fireworks Group

4” Flower Basket Brand

4” Glorious Entertainment Production

4” Icon Pyrotechnics International

4” Lidu Fireworks Corporation Ltd.

4” Sunny International

4” Vulcan Premier Fireworks

Product Description

Red to Blue Crackling Tail Peony; Purple Crackling Tail Peony; Orange with Green Palm; Charcoal Crossette; White Dahlia; Ring Purple & Lemon (alternating stars); Time Rain Coconut Tree; Purple Rays & Green Strobe; Silver Crown & Blue Stars; Lemon & Blue Glittering; Gold Flash to Red; Assorted Glorious with Tail; Assorted Glorious; Kamuro; White Strobe Waterfall; Blue to Brocade; Red to Brocade; Multicolor Pastel Umbrella; Twilight Glitter Umbrella; Gold Glitter Umbrella with Red Tips; Red Strobe Waterfall; Lemon Strobe Waterfall; White Strobe Waterfall; Red Crossette



*Due to space limitations this list contains a sampling of effects to be incorporated into this production. During the show design phase products from our full inventory will be utilized.



Main Body - 5" Aerial Shells

Shot Quantities

27

27

27

27

27

27

27

27

Aerial Shells

5" Anping Shells

5" Dancing Fireworks Group

5" Flower Basket Brand

5" Glorious Entertainment Production

5" Icon Pyrotechnics International

5" Lidu Fireworks Corporation Ltd.

5" Sunny International

5" Vulcan Premier Fireworks

Product Description

Crackling Palm with Crackling Tail; Green to Silver Diamond; Christmas Dahlia with Silver Tail; Red Peony; Blue Peony; Silver Wave to Red; Glittering Silver to Color; Green Strobe; Smiling Face; Sunflower with Rising Comet; Silver to Red & Blue Palm Tree; Red Dahlia with Red Tail; Blue Dahlia with Blue Tail; Lemon Dahlia with Lemon Tail; Purple Dahlia with Purple Tail; Blue Peony with Yellow Pistil; Blue to Silver Peony; Red Peony with Blue Pistil with Gold Tail; Dispark Chrysanthemum; Red Flying Stars; White Flying Stars; Red Five Point Star; Gold Willow to White



*Due to space limitations this list contains a sampling of effects to be incorporated into this production. During the show design phase products from our full inventory will be utilized.



Main Body - 6" Aerial Shells

Shot Quantities

Aerial Shells

25	6" Anping Shells
20	6" Dancing Fireworks Group
25	6" Flower Basket Brand
20	6" Glorious Entertainment Production
25	6" Icon Pyrotechnics International
20	6" Lidu Fireworks Corporation Ltd.
25	6" Sunny International
20	6" Vulcan Premier Fireworks

Product Description

Brocade Red and Green & Double Rings; Red Dark Red Peony; Blue Dark White Peony; Red to White to Silver to Blue Peony; Gold Flashing to Color Peony; Yellow to White Flash with Brocade Purple; Gold Flitter with Purple Pistil with Gold Tail; Kamuro; Gold Glitter Crossette; Kamuro to White Strobe; Lemon Peony with Silver Tail; Red to White Strobe with Red Crackle Flower; Pink Peony with Sparkling Pistil with Silver Tail; Green to White Strobe with Silver Tail; Green Strobe Willow; Golden Kamuro to Green; Golden Kamuro to Purple; Red Crossette; Brocade; Twilight Glitter to Blue



*Due to space limitations this list contains a sampling of effects to be incorporated into this production. During the show design phase products from our full inventory will be utilized.



Main Body – Large Caliber Aerial Shells

Shot Quantities

Aerial Shells

2	8" Blue to Yellow Peony Shells
2	8" Kamuro Shells
2	8" Green Palm Tree Shells
2	8" White Dahlia Shells
2	8" Silver Glitter Dahlia Shells
1	10" Blue to Gold Glitter Shell
1	10" Green Falling Leaf Shell
1	10" Glitter to Strobe Shell
1	10" Variegated Peony to Red Star Shell

Product Description

Red Dark Red Peony; Blue Dar; Gold Flashing to Color Peony; White Peony; Red to White to Silver to Blue Peony; Yellow to White Flash with Brocade Purple; Gold Flitter with Purple Pistil with Gold Tail; Gold Glitter Crossette; Kamuro to White Strobe; Lemon Peony with Silver Tail; Red to White Strobe with Red Crackle Flower; Pink Peony with Sparkling Pistil with Silver Tail

*Due to space limitations this list contains a sampling of effects to be incorporated into this production. During the show design phase products from our full inventory will be utilized.



Multi-Shot Barrage Segments

Shot Quantities

Multi-Shot Items

300

1" Blue Peony Peacock Tail Cake

50

2 ½" Brocade with GoldTail Cake

150

2 ½" Multi Color Palm with Multi Color Tail

100

1" Quick Crackling Crossettes

1 ¼" Titanium Salutes and Color

2" Fan Silver Swirl up to Green Strobe

150

1" Blue Tail to Blue and Gold Glittering

2 ½" Gold Glitter with Assorted Pistil

100

2" Peony for Spring with Silver Tail

150

2" Brocade Wave with Gold Tail

125

2" Fan Super Peony with Color Tail

1" Fan Crackling Flower Gold Straws

150

1 ½" Z Silver Whirling Dragon

1 ¾" Red and Green Light Crackling Flower Tail

1 ½" Z Silver Tail Candle

Big Golden Coconut with Blue

Fan Shape Color Whistling Dragon

Colorful (red, green, blue, yellow, purple)

2 ½" Col & Titanium Salute with Tail



Multi-Shot Barrage Segments continued

Shot Quantities

Multi-Shot Items

150

2 1/2" Col & Titanium Salute with no Tail

150

2 1/2" Assorted Color

150

2 1/2" Tourbillion with Assorted Color Pistils

Crackling and Color Wipe

300

5 Angle – Blue Stars & Brocade Comets

Z Shape – Silver Serpent to Var Peony

Z Shape – Blue Tail to Blue + Var Falling Leaves

100

Fan Shaped Crackling Flower Mine to Dragon Eggs

W Shape Red, White & Blue

Fan – Gold Strobe with Pistil

300

Z Fan Cake Green Tail Silver Whirlwind to Red Strobe

Silver Spiral Flower with Silver Tail

Purple Palm Tree with White Tail

W Shape Blue and Gold Horsetail

Instant Fire Fan Shape - Crackling Mine with Variegated Tails to Titanium Salute

X Shape Silver Strobe Mine with Blue Tails to Blue & Red Strobe Peony

Blue Fast Peacock



Special Effects Segments

Shot Quantities

Product Description

	Blue, Red & Silver Comet Candle Barrage
3	Red Comet Candle Barrage
6	Silver Comet Candle Barrage
3	13 Shot Red Tail w/ C Shaped Fan Row
2	13 Shot C Silver Wave Tail w/Red Mine Fan Row
3	13 Shot Fan Silver Wave Tail w/Red Mine Fan Row
2	13 Shot Crackling Mine Fan Row
	15 Shot Meander in Cloudland Fan Row
1	11 Shot Fan Green Star w/ Lemon
	11 Shot Fan Brocade Tail to Brocade
1	11 Shot Fan Blue Crossettes
	11 Shot White Glitter Bombettes
1	19 Shot Lemon Crossettes
	19 Shot Silver Tail Crossettes
7	19 Shot Red Strobe Bombettes w/ Red Tails
1	19 Shot Red & Silver Glitter Crossettes
1	40mm Mines – Assorted Colors



Grand Finale

Shot Quantities

250

560

60

60

60

60

60

60

60

110

110

110

10

10

10

10

Product Description

2 ½" American Thunder Salute Shells

2" Silver Comets with Screamer Shells

3" Shimmering Colored Peony Shells

3" Sparkling Variegated Dahlia Shells

3" Multi-Colored Chrysanthemum Shells

3" Radiant Assorted Palm Tree Shells

3" Assorted Color Star Shells

3" Golden Waterfall Shells

3" Brocade Crown Shells

3" Salutes

3" Salutes with Silver Splatter

3" Salutes with Silver Splatter and Rising Comets

4" Silver Crossette Shells

4" Palm Tree Shells

4" Assorted Peony Shells

4" Falling Leaf Shells



Grand Finale continued

Shot Quantities

10

10

7

7

7

5

4

5

4

5

4

2

1

Product Description

4" Silver Brocade Shells

4" Red Strobe Shells

5" Artillery Titanium Shells

5" Golden Willow Shells

5" Dahlia Shells

6" Red Tourbillion Shells

6" Crackling Palm Tree Shells

6" Crackling Palm Shells

6" Assorted Dahlia Shells

6" Golden Rain Shells

6" Purple to Red Kamuro Shells

8" Sunflower Pattern Shells

10" Silver Rain to Silver Crossette Shell



MAJORITY OPINION
R E S E A R C H

Event & Festival Survey
2015 July 4th Celebration

Conducted for



July 2015

Contents

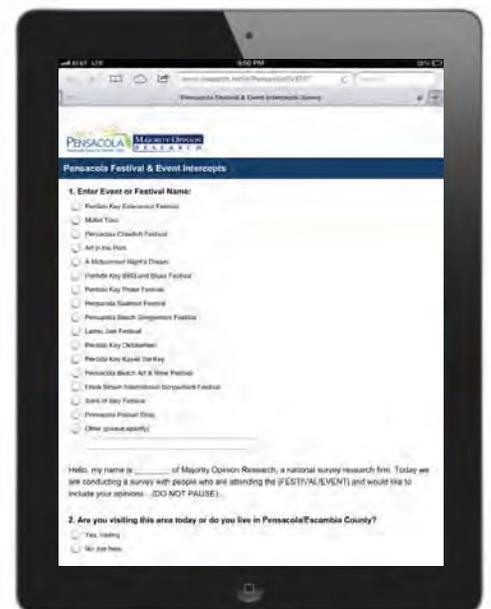
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Purpose and Methodology

The purpose of this marketing research is to measure and track the impact of festivals and events held in Escambia County.

Intercept interviews were conducted by trained interviewers at the event using iPads.

A total of 191 interviews was conducted at this 2015 event.



60-Second Summary

The 2015 July 4th Celebration in downtown Pensacola drew approximately 62,000 people.

12% of the event attendees were visitors to Pensacola/Pensacola Beach/Perdido Key of whom 79% (9% of the total attendees) were aware of the event before attending and 42% (5% of the total attendees) came to Pensacola/Pensacola Beach/Perdido Key specifically for the event.

The average age of spectators was 40 and their average household income was \$59,310.

6% of attendees spent the night in Pensacola/Pensacola Beach/Perdido Key and stayed an average of 1.8 nights.

It is estimated that the July 4th Celebration in downtown Pensacola generated 686 room nights (with all 686 of these room nights in Escambia County).

On average, visiting parties attending the July 4th Celebration in downtown Pensacola spent \$967.50 during their stay and resident parties spent an average of \$48.68 in the course of attending the event.

All together it is estimated that 2015 July 4th Celebration in downtown Pensacola attendees contributed \$2,404,459 to local economies (all of this \$2,403,459 of this spending in Escambia County). Factoring in that 42% of the visitors specifically came to Pensacola for the event, it is estimated that the event directly aided in \$1,385,177 being spent (all \$1,305,177 in Escambia County).

Attendee Profile

	<u>2015</u>
Attendance	62,000
<u>Origin</u>	
Resident	88%
<u>Visitor</u>	
In-State	2%
Out-of-State	10%
<u>Gender</u>	
Male	44%
Female	56%
<u>Age</u>	
Under 25	9%
25 – 34	32%
35 – 44	26%
45 – 54	19%
55 – 64	13%
65 or older	2%
Average Age (years)	<u>40</u>
<u>Household Income</u>	
Less than \$25,000	9%
\$25,000 - \$34,999	17%
\$35,000 - \$49,999	21%
\$50,000 - \$74,999	23%
\$75,000 - \$99,999	11%
\$100,000 - \$149,999	6%
\$150,000 - \$199,999	2%
\$200,000 or more	1%
Refused	10%
Average Income	<u>\$59,310</u>

Event Marketing & Experience

2015

Source of Awareness

Family & Friends	20%
Television	6%
Social Media	6%
Newspaper	2%
Visitor Information Center	2%
Event Website	1%
Walked/Drove By	1%
Saw Signs	1%
Don't recall, but have been many times	61%

Visitors aware of event before visiting 79%

Event was main reason for visitors visiting 42%

Event Experience

Positive (8,9,10 on ten-point scale)	73%
Neutral (4,5,6,7 on a ten-point scale)	27%
Negative (1,2,3 on a ten-point scale)	-

Event Length

Right length	87%
Too long	12%
Too short	1%

Would come back to this event 96%

Visitation Overview

2015

Visitor Status

First Time Visitor	21%
Repeat Visitor	79%

Pensacola was Primary Destination	96%
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Party Size

1	4%
2	33%
3	17%
4	25%
5 or more	21%
<u>Average (persons)</u>	<u>4.1</u>

Overall Pensacola Experience

Positive (8,9,10 on ten-point scale)	79%
Neutral (4,5,6,7 on a ten-point scale)	21%
Negative (1,2,3 on a ten-point scale)	-

Plan to Return for a Future Visit	92%
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Accommodations

	<u>2015</u>
Spent the Night in Pensacola in Paid Accommodations	6%
<u>Accommodations Type</u>	
Hotel	4%
Condo	1%
House/Cottage	-
Camp Site/RV	1%
<u>Accommodations Location</u>	
Downtown	1%
Pensacola Beach	4%
Perdido Key	1%
Outside of Pensacola	-
Average Length of Stay Among Visitors (nights)	1.8
Estimated Room Nights Generated*	686
Rooms Nights Generated in Escambia County**	686

* Estimated Room Nights = Attendance x Spent Night in Pensacola in Paid Accommodations ÷ Average Party Size x Average Length of Stay x Event Main Reason for Visiting

** Total estimated room nights minus those outside of Escambia County

Spending

	2015		
	<u>Average</u>	<u>Residents</u>	<u>Visitors</u>
<u>Average Spend Per Party on:</u>			
Accommodations	\$67.30	NA	\$451.46
Food & Drink in Restaurants	\$65.09	\$38.39	\$217.50
Entertainment/Activities	\$14.16	\$4.26	\$70.62
Shopping	\$14.73	\$4.57	\$72.71
Gasoline	\$13.60	NA	\$91.25
Groceries	\$9.01	NA	\$60.42
Anything Else	\$1.77	\$1.46	\$3.54
<u>Average Spending Per Party</u>	<u>\$185.66</u>	<u>\$48.68</u>	<u>\$967.50</u>
<u>Total Estimated Spend by Attendees¹:</u>	<u>\$2,403,459</u>	<u>\$647,800</u>	<u>\$1,755,659</u>
<u>Event Impact Spending²:</u>	<u>\$1,385,177</u>	<u>\$647,800</u>	<u>\$737,377</u>
Total Spending in Escambia County ³	\$2,403,459		
Total Impact Spending in Escambia County ⁴	\$1,395,177		

¹ (Average spend per resident party x estimated number of resident parties) + (Average spend per visiting party x estimated number of visiting parties)

² (Average spend per resident party x estimated number of resident parties) + (Average spend per visiting party x estimated number of visiting parties x % visiting because of event)

³ Total estimated spending minus lodging dollars spent outside of Escambia County

⁴ Total impact spending minus lodging dollars spent outside of Escambia county among those who were visiting because of the event

MAJORITY OPINION
R E S E A R C H

Event & Festival Survey
2015 July 4th Celebration

Conducted for



July 2015

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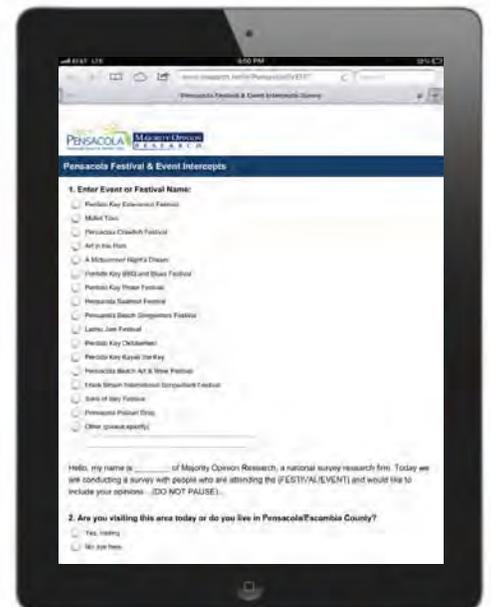
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Purpose and Methodology

The purpose of this marketing research is to measure and track the impact of festivals and events held in Escambia County.

Intercept interviews were conducted by trained interviewers at the event using iPads.

A total of 191 interviews was conducted at this 2015 event.



60-Second Summary

The Pensacola Police Department estimated that the 2015 July 4th Celebration in downtown Pensacola drew approximately 25,000 people.

12% of the event attendees were visitors to Pensacola/Pensacola Beach/Perdido Key of whom 79% (9% of the total attendees) were aware of the event before attending and 42% (5% of the total attendees) came to Pensacola/Pensacola Beach/Perdido Key specifically for the event.

The average age of spectators was 40 and their average household income was \$59,310.

6% of attendees spent the night in Pensacola/Pensacola Beach/Perdido Key and stayed an average of 1.8 nights.

It is estimated that the July 4th Celebration in downtown Pensacola generated 277 room nights (with all 277 of these room nights in Escambia County).

On average, visiting parties attending the July 4th Celebration in downtown Pensacola spent \$967.50 during their stay and resident parties spent an average of \$48.68 in the course of attending the event.

All together it is estimated that 2015 July 4th Celebration in downtown Pensacola attendees contributed \$969,137 to local economies (all of this \$969,137 of this spending in Escambia County). Factoring in that 42% of the visitors specifically came to Pensacola for the event, it is estimated that the event directly aided in \$558,539 being spent (all \$558,539 in Escambia County).

Attendee Profile

	<u>2015</u>
Attendance	25,000
<u>Origin</u>	
Resident	88%
<u>Visitor</u>	
In-State	2%
Out-of-State	10%
<u>Gender</u>	
Male	44%
Female	56%
<u>Age</u>	
Under 25	9%
25 – 34	32%
35 – 44	26%
45 – 54	19%
55 – 64	13%
65 or older	2%
Average Age (years)	<u>40</u>
<u>Household Income</u>	
Less than \$25,000	9%
\$25,000 - \$34,999	17%
\$35,000 - \$49,999	21%
\$50,000 - \$74,999	23%
\$75,000 - \$99,999	11%
\$100,000 - \$149,999	6%
\$150,000 - \$199,999	2%
\$200,000 or more	1%
Refused	10%
Average Income	<u>\$59,310</u>

Event Marketing & Experience

2015

Source of Awareness

Family & Friends	20%
Television	6%
Social Media	6%
Newspaper	2%
Visitor Information Center	2%
Event Website	1%
Walked/Drove By	1%
Saw Signs	1%
Don't recall, but have been many times	61%

Visitors aware of event before visiting 79%

Event was main reason for visitors visiting 42%

Event Experience

Positive (8,9,10 on ten-point scale)	73%
Neutral (4,5,6,7 on a ten-point scale)	27%
Negative (1,2,3 on a ten-point scale)	-

Event Length

Right length	87%
Too long	12%
Too short	1%

Would come back to this event 96%

Visitation Overview

2015

Visitor Status

First Time Visitor	21%
Repeat Visitor	79%

Pensacola was Primary Destination	96%
-----------------------------------	-----

Party Size

1	4%
2	33%
3	17%
4	25%
5 or more	21%
<u>Average (persons)</u>	<u>4.1</u>

Overall Pensacola Experience

Positive (8,9,10 on ten-point scale)	79%
Neutral (4,5,6,7 on a ten-point scale)	21%
Negative (1,2,3 on a ten-point scale)	-

Plan to Return for a Future Visit	92%
-----------------------------------	-----

Accommodations

	<u>2015</u>
Spent the Night in Pensacola in Paid Accommodations	6%
<u>Accommodations Type</u>	
Hotel	4%
Condo	1%
House/Cottage	-
Camp Site/RV	1%
<u>Accommodations Location</u>	
Downtown	1%
Pensacola Beach	4%
Perdido Key	1%
Outside of Pensacola	-
Average Length of Stay Among Visitors (nights)	1.8
Estimated Room Nights Generated*	277
Rooms Nights Generated in Escambia County**	277

* Estimated Room Nights = Attendance x Spent Night in Pensacola in Paid Accommodations ÷ Average Party Size x Average Length of Stay x Event Main Reason for Visiting

** Total estimated room nights minus those outside of Escambia County

Spending

	2015		
	<u>Average</u>	<u>Residents</u>	<u>Visitors</u>
<u>Average Spend Per Party on:</u>			
Accommodations	\$67.30	NA	\$451.46
Food & Drink in Restaurants	\$65.09	\$38.39	\$217.50
Entertainment/Activities	\$14.16	\$4.26	\$70.62
Shopping	\$14.73	\$4.57	\$72.71
Gasoline	\$13.60	NA	\$91.25
Groceries	\$9.01	NA	\$60.42
Anything Else	\$1.77	\$1.46	\$3.54
<u>Average Spending Per Party</u>	<u>\$185.66</u>	<u>\$48.68</u>	<u>\$967.50</u>
<u>Total Estimated Spend by Attendees¹:</u>	<u>\$969,137</u>	<u>\$261,210</u>	<u>\$707,927</u>
<u>Event Impact Spending²:</u>	<u>\$558,539</u>	<u>\$261,210</u>	<u>\$297,329</u>
Total Spending in Escambia County ³	\$969,137		
Total Impact Spending in Escambia County ⁴	\$558,539		

¹ (Average spend per resident party x estimated number of resident parties) + (Average spend per visiting party x estimated number of visiting parties)

² (Average spend per resident party x estimated number of resident parties) + (Average spend per visiting party x estimated number of visiting parties x % visiting because of event)

³ Total estimated spending minus lodging dollars spent outside of Escambia County

⁴ Total impact spending minus lodging dollars spent outside of Escambia county among those who were visiting because of the event

**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)

OMB No. 1545-1150

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Northeast Pensacola Sertoma Club</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 10697</p> <p>City or town, state or province, country, and ZIP or foreign postal code Pensacola FL 32504</p>	<p>D Employer identification number 59-2417459</p> <p>E Telephone number (850) 748-7007</p> <p>F Group Exemption Number ▶ 5409</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.nepensacolaseretoma.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

	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.
	10 Grants and similar amounts paid (list in Schedule O) See I-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.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18	-24,341.
ASSETS	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.

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

Form **990-EZ** (2013)

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a 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
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
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)?

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
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
	Jeffrey J. Heddy	05/15/15
	Type or print name and title	Treasurer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Jeffrey Heddy	Jeffrey Heddy	05/27/15		P01620256	
	Firm's name ▶	FLORES FLORES & GARG, PA			Firm's EIN ▶	26-0873252
	Firm's address ▶	25 W Cedar St. Suite 400 Pensacola FL 32502			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

Northeast Pensacola Sertoma Club

Employer identification number

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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

	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)	

(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									

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 ▶ <input type="checkbox"/>						

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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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.
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.)						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.
10 a 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 lines 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 %

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 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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	HOGFEST (event type)	(event type)	(total number)	(add column (a) through column (c))
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)		
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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
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
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	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a 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).

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <u>Northeast Pensacola Sertoma Club</u>	Employer identification number (EIN) or <u>59-2417459</u>
	Number, street, and room or suite number. If a P.O. box, see instructions. <u>P.O. Box 10697</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Pensacola</u>	<u>FL 32504</u>

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	3 a	\$	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	3 b	\$	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	3 c	\$	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.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

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.**

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

Northeast Pensacola Sertoma Club

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 . . . ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b <u>60,080.</u>
3 a Form 1120-POL check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here . . . ▶ <input type="checkbox"/>	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 _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating 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
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

2013

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Employer ID Number. Row 1: Northeast Pensacola Sertoma Club, 59-2417459

A - Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Form with checkboxes for 'Officer(s) entered PIN(s)' and 'ERO entered Officer's PIN'. The first checkbox is checked.

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.

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.

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 BENEFICIARY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> JUNIOR ACHEIVEMENT 1010 NORTH 12TH AVENUE PENSACOLA 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 BENEFICIARY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> 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
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment CASH DONATION / HOGFEST BENEFICIARY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ECARE (EVERY CHILD A READER) P.O. BOX 71 PENSACOLA FL 32591	NONE	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
501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HEARING AID BANK / BOARD P.O. BOX 17500 PENSACOLA FL 32522	NONE	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 / SPONERSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> CAPSTONE ADAPTIVE LEARNING 2912 NORTH E STREET PENSACOLA FL 32501	NONE	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
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment CASH DONATION / TRANSFER

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> SERTOMA P.O. BOX 10697 PENSACOLA FL 32504	EVENT BENEFICIARY	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.

**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)

OMB No. 1545-1150

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning Jul 1, 2014, and ending Jun 30, 2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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) Room/suite
P.O. Box 10697
 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.nepensacolaseretoma.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. ▶ \$ 130,051.

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	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	14,703.
	4 Investment income	4	
	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	3,550.
	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	111,523.
c Less: direct expenses from gaming and fundraising events	6 c	55,646.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	59,427.	
7 a Gross sales of inventory, less returns and allowances	7 a	275.	
b Less: cost of goods sold	7 b	130.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	145.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	74,275.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) See I-10 Stmt	10	52,142.
	11 Benefits paid to or for members	11	0.
	12 Salaries, other compensation, and employee benefits	12	0.
	13 Professional fees and other payments to independent contractors	13	3,444.
	14 Occupancy, rent, utilities, and maintenance.	14	15,843.
	15 Printing, publications, postage, and shipping	15	379.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	10,365.
17 Total expenses. Add lines 10 through 16 ▶	17	82,173.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18	-7,898.	
ASSETS	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	23,396.
	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	15,498.

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
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 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 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?
40 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.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
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
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
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).
c At any time during the calendar year, did the organization maintain an office outside the U.S.?
42 c
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
44 a Did the organization maintain any donor advised funds during the year?
44 a
b Did the organization operate one or more hospital facilities during the year?
44 b
c Did the organization receive any payments for indoor tanning services during the year?
44 c
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
44 d
45 a Did the organization have a controlled entity 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)?
45 b

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

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

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a
 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 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 02/12/16
 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 02/12/16 P01620256
 Firm's name ▶ FLORES FLORES & GARG, PA Firm's EIN ▶ 26-0873252
 Firm's address ▶ 25 W Cedar St. Suite 400 Pensacola FL 32502 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

2014

Open to Public Inspection

Name of the organization Northeast Pensacola Sertoma Club	Employer identification number 59-2417459
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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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 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 ▶ <input type="checkbox"/>						

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 the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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'.)	24,246.	20,993.	26,510.	26,732.	14,978.	113,459.
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	57,153.	64,291.	92,941.	68,523.	111,523.	394,431.
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	81,399.	85,284.	119,451.	95,255.	126,501.	507,890.
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.)						507,890.

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	81,399.	85,284.	119,451.	95,255.	126,501.	507,890.
10 a 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 VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)	81,399.	85,284.	119,454.	95,255.	126,501.	507,893.

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	0.00 %

19 a 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? <i>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</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)</i>		
3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination</i>		
3 c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use</i>		
4 a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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</i>		
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)? <i>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</i>		
5 a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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)</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If 'Yes,' provide detail in Part VI</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
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))? <i>If 'Yes,' provide detail in Part VI</i>		
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? <i>If 'Yes,' provide detail in Part VI</i>		
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? <i>If 'Yes,' provide detail in Part VI</i>		
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)? <i>If 'Yes,' answer (b) below.</i>		
b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
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			

BAA

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).

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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	HOGFEST (event type)	DRAGON BOAT (event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	82,186.	29,337.	111,523.	
2	Less: Contributions	0.	0.	0.	
3	Gross income (line 1 minus line 2).	82,186.	29,337.	111,523.	
DIRECT EXPENSES	4	Cash prizes	0.	0.	
	5	Noncash prizes	16,957.	16,957.	
	6	Rent/facility costs	0.	0.	
	7	Food and beverages	0.	0.	
	8	Entertainment	950.	950.	
	9	Other direct expenses	8,954.	28,785.	37,739.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			55,646.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			55,877.	

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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
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
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: _____

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 conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a 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

Name of the organization

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**

Employer identification number

Northeast Pensacola Sertoma Club

59-2417459

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 10,365.

Total 10,365.

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 DONATION FOR PARTICIPATION IN 2014 DRAGONBOAT FESTIVAL

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON-PROFIT 501C3	Business . . . <input checked="" type="checkbox"/> Person <input type="checkbox"/> GULF COAST KIDS HOUSE 3401 12TH AVENUE PENSACOLA FL 32503	NONE	5,000.

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 CHRISTMAS WALK DONATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON-PROFIT 501C3	Business . . . <input checked="" type="checkbox"/> Person <input type="checkbox"/> UNITED MINISTRIES 257 E LEE STREET PENSACOLA FL 32503	NONE	2,543.

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
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment CHARITABLE DONATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON-PROFIT 501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> CAPSTONE 4901 W FAIRFIELD DRIVE PENSACOLA FL 32506	NONE	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

Purpose of Payment PARTICIPATION IN HOGFEST CONTRIBUTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT 501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> JUNIOR ACHIEVEMENT 1010 N 12th Ave #233 PENSACOLA FL 32501	NONE	11,838.

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 PARTICIPATION IN HOGFEST

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT 501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> PATHWAYS FOR CHANGE 1211 W FAIRFIELD PENSACOLA FL 32501	NONE	17,277.

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
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment PARTICIPATION IN HOGFEST

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON PROFIT 501C3	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ECARE (EVERY CHILD A READER) P.O. Box 71 PENSACOLA FL 32591	NONE	14,884.

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

Supporting Statement of:

Form 990-EZ/Line 7a

Description	Amount
SLIDE THE CITY	217.
ZOMBIE RUN	58.
Total	<u>275.</u>

000050 08/15/13



Consumer's Certificate of Exemption

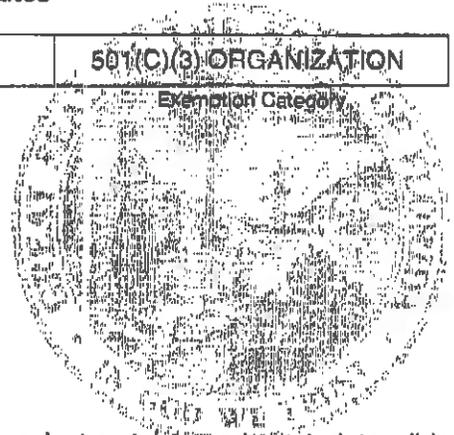
DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

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.



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.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06114

Entity Name: NORTHEAST PENSACOLA SERTOMA CLUB, INC.

Current Principal Place of Business:

830 VALLEY RIDGE CIRCLE
PENSACOLA, FL 32514

FILED
Apr 27, 2016
Secretary of State
CC1030898833

Current Mailing Address:

830 VALLEY RIDGE CIRCLE
PENSACOLA, FL 32514 US

FEI Number: 59-2417459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEDDY, JEFFREY J
830 VALLEY RIDGE CIRCLE
PENSACOLA, FL 32514 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 SECRETARY
Name KENEFEY, GEORGE M
Address 2862 BLACKSHEAR AVENUE
City-State-Zip: PENSACOLA FL 32503

Title PRESIDENT
Name MACK , RUSSELL
Address 1830 E LLOYD STREET
City-State-Zip: PENSACOLA FL 32503

Title TREASURER
Name HEDDY, JEFFREY J
Address 830 VALLEY RIDGE CIR
City-State-Zip: PENSACOLA FL 32514

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: JEFFREY J HEDDY, CPA

TREASURER

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date



Monica
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



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 Club is 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
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

Letter 2419 (DO/CG)

SERTOMA FOUNDATION

cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so your subordinates should make sure their returns are complete before filing them. Please advise your subordinates that, if they receive a Form 990 package in the mail, they should file the return even if their gross receipts do not exceed the \$25,000 minimum. If not required to file, a subordinate should simply attach the label provided, check the box in the heading to indicate that its annual gross receipts are normally \$25,000 or less and sign the return. This will allow us to update our records to show that the subordinate is not required to file and to delete that subordinate from the list of organizations that will receive Form 990 packages in future years.

Your subordinates are required to make their annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You and your subordinates are also required to make available for public inspection your group exemption application, any supporting documents and this exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

Your subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;
2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that, since your previous report:
 - a. Changed names or address;
 - b. Were deleted from your roster; or

SERTOMA FOUNDATION

- 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.

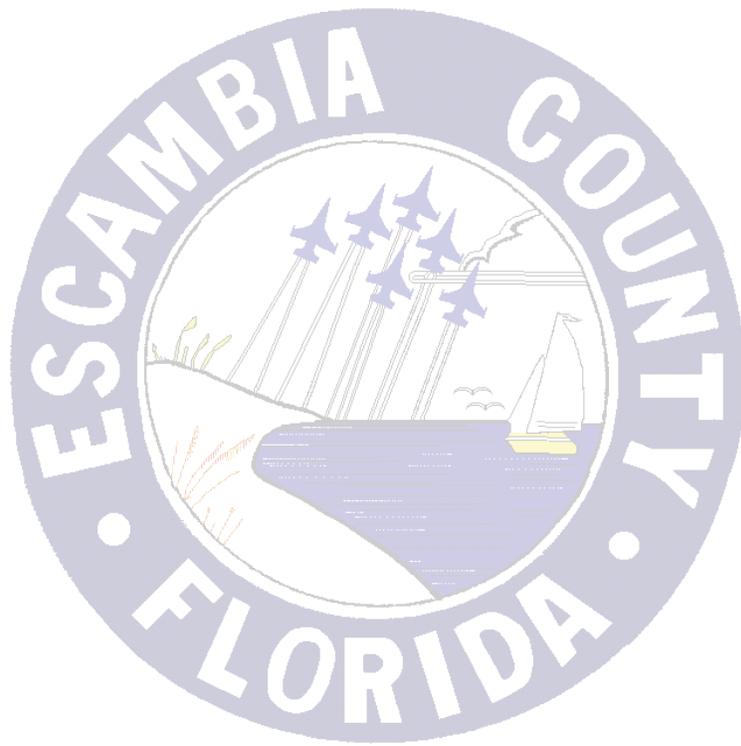
SERTOMA FOUNDATION

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





**Fiscal Year 2016-2017
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, Suite 440
Pensacola, Florida 32502**

Please submit:

- A copy of your organization's 2014 or 2015 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

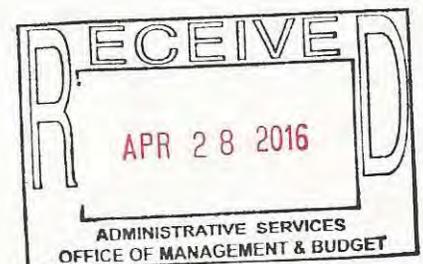
Contact Phone: 850-595-5985 ext 115

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 2016-2017 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 2016-2017 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 be 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 2016-2017 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	2,000.00
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 2016-2017
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 2016-2017
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Other Expenses			
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

**Saint Michael Cemetery Description
Pursuant to Escambia County
Outside Agency Budget Request Requirements**

Requested County funds (\$25000.00) will be used to enhance the visual esthetics of this premier outdoor museum and public green space and to promote the site as a tourist attraction. 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.

Historic St. Michael's Cemetery meets the criteria for authorized uses of revenues. This historic site is managed by a 501(c) 3 not for profit organization and is extensively promoted as an outdoor museum (as an example, please see attached image of new interpretative kiosk installed in recent years). As such, funds can be used for repairs, improvements, maintenance, operation, or promotion. Historic St. Michael's Cemetery is the oldest and most significant historic site that survives above ground, reflecting almost 250 years of Pensacola's history. Located at the eastern entry into the historic district, the site is highly visible and is often the first site visitors encounter when entering our historic city. Along with its *National Register of Historic Places* designation, the site is on *The Spanish Colonial Heritage Trail* (Viva Florida/VISIT FLORIDA) and we expect a great deal more traffic as we have just celebrated the Florida Quincentennial celebrations. Historic St. Michael's Cemetery is major tourist attraction that draws visitors from around the country as well as internationally. The needs noted above will greatly maximize the tourism value of this site; it is a key component in promoting our city as a heritage tourism destination.

The site is promoted in a number of ways. Kiosks at the Visitor Information Center, at the Florida Public Archaeology Network, and at UWF direct visitors to the site. Further, materials are available at the T.T. Wentworth Museum. The site has been written up in national publications such as *The Smithsonian* (May 2009) and in state magazines such as *Florida Trends*. The site is also featured in a VISIT FLORIDA publication: *Florida Spanish Colonial Heritage Trail* (six year promotion). The site is promoted by the Pensacola News Journal both in hard print and extended on-line coverage. The Geographic Information System (GIS) on-line mapping service for SMC receives the most hits of any other UWF site; people from around the state, nation, and abroad can learn about the site and make a virtual visit via this interactive web site. It is not possible to account for the number of people who visit yearly as there is no paid staff on site. It is open to the public at no charge 365 days a year. Events are held on site throughout the year, and the annual public event, Get in the Spirit at Historic St. Michael's Cemetery, is the premier public event.

Expanded services at the site including interior and exterior lighting and benches that will hopefully support and enhance the adjacent Technology Park Site providing an attractive neighbor for potential employees to enjoy as well as other developments planned in the surrounding area. Pensacola brings its history and archaeology to the public. Historic St. Michael's Cemetery is a featured topic of the meetings and being used an example of how communities are using their historic resources as

community assets such as an enjoyable site for staff at the Institute for Human and Machine Cognition (IHMC) and visitors to events at the IHMC.

Enhancing this historic site will only add to the appeal of our historic city to potential visitors, especially those who are seeking a heritage tourism experience. In order to attract heritage tourists, we must work to preserve our historic resources; St. Michael's Cemetery Foundation is striving to do just that. The goal for this project is to preserve and promote this outstanding community held asset so it will be a valuable resource in promoting heritage tourism.

As a community, we place great value on our history- we must also place great value on preserving the surviving physical remains of that history as well. If we do not, it is unlikely that visitors will be drawn to Pensacola to experience the history of a community that has nothing to show them.

It cannot be stated adequately the level of appreciation that The St. Michael Cemetery Foundation Board appreciates the generosity of our Escambia County Board of County Commissioners. The funding provided not only promotes our area history but, it also allows the Board to sponsor workshops inviting representatives from other area cemeteries to share in our findings and even to benefit by our groups hands-on clean up and data collection assistance. The funding will undoubtedly result in future partnerships that will help to bring attention to other historic cemeteries and aid in their enhancement as part of an ever growing cultural and historic resource for educational and tourist destinations in our area.

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. St. Michael's Cemetery of Pensacola, 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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ non-profit		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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) P.O. Box 13602		Requester's name and address (optional)
	6 City, state, and ZIP code Pensacola, FL 32591		
	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 <i>How to get a TIN</i> 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.																																																
	<table border="1" style="margin: auto;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">5</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> </table>	Social security number																		-			-						Employer identification number									5	9		-	3	6	4	1	8	7	0
Social security number																																																
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Employer identification number																																																
5	9		-	3	6	4	1	8	7	0																																						

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 ▶ 4-25-16

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.

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)

OMB No. 1545-1150

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 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
St. Michael's Cemetery Foundation of Pensacola, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 13602

City or town, state or province, country, and ZIP or foreign postal code
Pensacola FL 32591

D Employer identification number
****-***1870**

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 ▶ \$ **39,568**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																
Revenue	1	Contributions, gifts, grants, and similar amounts received															31,001																												
	2	Program service revenue including government fees and contracts																																											
	3	Membership dues and assessments																																											
	4	Investment income															1,226																												
	5a	Gross amount from sale of assets other than inventory															7,341																												
	b	Less: cost or other basis and sales expenses																																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															7,341																												
	6	Gaming and fundraising events																																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																											
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)																																												
c	Less: direct expenses from gaming and fundraising events																																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																												
7a	Gross sales of inventory, less returns and allowances																																												
b	Less: cost of goods sold																																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																												
8	Other revenue (describe in Schedule O)																																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															39,568																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																											
	11	Benefits paid to or for members																																											
	12	Salaries, other compensation, and employee benefits																																											
	13	Professional fees and other payments to independent contractors															3,085																												
	14	Occupancy, rent, utilities, and maintenance																																											
	15	Printing, publications, postage, and shipping															1,391																												
	16	Other expenses (describe in Schedule O)															29,539																												
17	Total expenses. Add lines 10 through 16															34,015																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															5,553																												
	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)															294,103																												
	20	Other changes in net assets or fund balances (explain in Schedule O)															-6,800																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															292,856																												

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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

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
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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Matt Newcomer Telephone no. 850-436-7837
125 West Romana Street, Ste 102
Located at Pensacola FL ZIP + 4 32502
42b 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).
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

	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		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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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 Signature of officer: **Matt Newcomer** Date: _____
 Type or print name and title: **Treasurer**

Paid Preparer Use Only

Print/Type preparer's name Patrick G. Lanza	Preparer's signature Patrick G. Lanza	Date 03/29/16	Check <input type="checkbox"/> if self-employed	PTIN *****
Firm's name ▶ Lambert Lanza, CPAs, P.A.	Firm's EIN ▶ ** - *** 9230			
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)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **St. Michael's Cemetery Foundation of Pensacola, Inc.**

Employer identification number
****-***1870**

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An 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 (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						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,951	39,517	77,230	20,138	31,001	212,837
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	44,951	39,517	77,230	20,138	31,001	212,837
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.						212,837

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	44,951	39,517	77,230	20,138	31,001	212,837
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,407	7,226	5,882	6,452	1,200	30,167
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.)		14,750				14,750
11 Total support. Add lines 7 through 10						257,754
12 Gross receipts from related activities, etc. (see instructions)					12	3,386
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	82.57%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	83.94%
16a 33 1/3% support test—2015. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2015.** 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—2014.** 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 in line 11 on 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	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.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	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.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 or 990-EZ).		
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 .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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.		
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.		

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).		

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

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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

Part II, Line 10 - Other Income Detail

Other income \$ 14,750

SCHEDULE O
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

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

2015

 Open to Public
 Inspection

 St. Michael's Cemetery Foundation
 of Pensacola, Inc.

Employer identification number

-*1870

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
-------------	--------

Expenses

Supplies	\$ 27
Website maintenance	\$ 200
Insurance	\$ 1,125
Restoration project	\$ 26,742
Telephone	\$ 764
License & Permits	\$ 61
Gate services	\$ 620
Total	\$ 29,539

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
-------------	--------

Unrealized Loss	\$ -6,800
-----------------	-----------

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Market securities	\$ 274,514	\$ 274,086
Total	\$ 274,514	\$ 274,086

Form 990-EZ, Part III - Primary Exempt Purpose

To Maintain, restore, repair, beautify, and improve St. Michael's Cemetery in Pensacola, Florida, as a public cemetery, and to provide for the perpetual care in that cemetery.

Federal Statements

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					\$ 7,341	\$	\$	7,341
Total					\$ 7,341	\$ 0	\$ 0	7,341

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Donations - general public	\$ 31,001
Total	\$ 31,001

Schedule A, Part II, Line 8(e)

Description	Amount
Securities dividends	\$ 1,200
Total	\$ 1,200

Schedule A, Part II, Line 12

Description	Amount
Bank interest	\$ 26
Total	\$ 26



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0441727801
Apr. 23, 2010 LTR 4168C EO
59-3641870 000000 00

00028504
BODC: TE

ST MICHAELS CEMETERY FOUNDATION OF
PENSACOLA INC
PO BOX 13602
PENSACOLA FL 32591-3602



028092

Employer Identification Number: **-***1870
Person to Contact: Heather Freeman
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 14, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 2000.

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.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

Attachment B

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

DEPARTMENT OF THE TREASURY

*Rhoda:
I gave Josh a copy.
I think that Erik
should read also.*

8-31

Date:

JUN 30 2000

ST MICHAELS CEMETERY FOUNDATION OF
PENSACOLA INC
PO BOX 13602
PENSACOLA, FL 32591

Employer Identification Number:
59-3641870
DLN:
17053166049000
Contact Person:
HIRAM LEE HARVILLE ID# 31257
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a) (1)
Advance Ruling Period Begins:
April 27, 2000
Advance Ruling Period Ends:
December 31, 2004
Addendum Applies:
No

Old Corp holds title

New Corp

Charitable Corporation in Florida

501 c 3 Non-Profit

Tax-exempt Status. Lexis
Dear Applicant:

Education Mission

Based on information you 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).

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 expect to be a publicly supported organization described in sections 509(a) (1) and 170(b) (1) (A) (vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the 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, we will classify you 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, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

[Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period.]
If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

want to be public foundation

Letter 1045 (DO/CG)

ST MICHAELS CEMETERY FOUNDATION OF

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts 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 private foundation excise taxes under Chapter 42 of the Internal Revenue 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 Internal Revenue 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.

Donors may deduct contributions to you 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. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, 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. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period.

Letter 1045 (DO/CG)

ST MICHAELS CEMETERY FOUNDATION OF

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

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 \$20 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 \$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, 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 are required to make your 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 are also required to make available for public inspection your exemption application, any supporting documents, and your 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.

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

If we said 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 us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

ST MICHAELS CEMETERY FOUNDATION OF

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

Sincerely yours,

Steven T. ~~Miller~~

Steven T. Miller
Director, Exempt Organizations

Enclosure(s):
Form 872-C



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012636360C-8	07/26/2013	07/31/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SAINT MICHAELS CEMETERY FOUNDATION OF
PENSACOLA INC
6 S ALCANIZ ST
PENSACOLA FL 32502-0000

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



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
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.



VETERANS MEMORIAL PARK
PENSACOLA, FLORIDA

PRESIDENT
W.A. "BUTCH" HANSEN

VICE PRESIDENT
MIKE SWINEHART

SECRETARY
JOHN CLARK

TREASURER
PAUL BROWN

PAST PRESIDENT
JACK BROWN

BOARD MEMBERS:

PAUL ENTREKIN

DAVE GLASSMAN

JOSEPH GLOVER

PETE MCKANNA

JOHN OCHS

LISA RAWSON

ROBERTO RIVERA

CITY REPRESENTATIVE
BILL WEEKS

LEGAL ADVISOR
ED HOLT

April 26, 2016

Escambia County Board of County
Commissioners Office of
Management & Budget
221 Palafox Place, Suite 440
Pensacola, Florida 32502

Dear Mr. Hall,

In accordance with your letter of February 4, 2016 to outside agencies as potential funding recipients, I am providing the attached application on behalf of the Board of Directors of the Veterans Memorial Park Foundation of Pensacola, Inc.

As a relatively young not for profit organization that serves as a licensee to the City of Pensacola for the stewardship of the Veterans Memorial Park, we are a completely volunteer organization as indicated by our attached documentation. We have not yet had a formal audit performed on our financials as they are very simple and we are still developing our fundraising capacity. Accordingly, I have also enclosed a copy of our most recent annual report to the City which includes our financial status.

Thank you for your favorable consideration of our request for consideration of county funding for our needed improvements. Please contact me with any questions or requests for information.

Sincerely,

W.A. "Butch" Hansen, Captain, USN (retired)
President, Veterans Memorial Park Foundation of Pensacola

HONORING THE FALLEN
VETERANS MEMORIAL PARK FOUNDATION OF PENSACOLA
PO BOX 12984 · PENSACOLA, FL 32591-2984
www.veteransmemorialparkpensacola.org



**Fiscal Year 2016-2017
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, Suite 440
Pensacola, Florida 32502**

Please submit:

- A copy of your organization's 2014 or 2015 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: Veterans Memorial Park Foundation of Pensacola, Inc.

Agency Address: P.O. Box 12984
Pensacola, FL 32591-2984

Program Name: Park Maintenance and Improvements

Program Contact: W. A. "Butch" Hansen,
President Veterans Memorial Park Foundation

Contact Email: hansenwa@bellsouth.net

Contact Phone: 850-434-6119

25-Word Description of Program: Requested funding will provide for repairs to Park infrastructure and memorials and to develop a memorial to those lost in the Global War on Terror.

Amount Requested: \$100,000

Amount Received Last Year, if applicable: none



Fiscal Year 2016-2017 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 Park has an annual operating budget of \$35,000 which includes routine maintenance, utilities, security, professional services, insurance, fees, and special event support. Our Foundation provides a venue for the City of Pensacola to show its appreciation to those that have sacrificed all for their country, its values, and our way of life. The citizens of the city and surrounding areas visit the Park frequently and overwhelmingly for special ceremonial events like Memorial Day, Veterans Day, and Independence Day. The Park is also visited frequently by visiting tourists, individually and as a regular stop by tour groups. (Emerald Coast Tours, Retro Tours, etc.) Military reunion groups use the Park regularly and increasingly come to Pensacola because of this great venue that serves as a perfect site for memorial services to honor their fallen. Area youth and other civic groups use the Park and its memorials for various events that serve to educate citizens, young and old, about our history and its attendant sacrifices such that they are deemed worthy of emulation. Centrally located, the Park also serves as a site for beginning and ending many athletic fundraising events for non-profit groups. The Park provides a beautiful gateway to the downtown district. As a significant visitor attraction to the Escambia County and Pensacola area, we strive to keep all of our memorials and grounds in exceptional condition, current, and meaningful to our community and visitors. To that end, we have identified some needed repairs on existing Memorials and infrastructure in the Park, some needed updates to the Vietnam War Memorial "Wall South" and we are working to develop a new memorial to those casualties in the current generation, fighting the Global War on Terror. We will use the requested funds to:

- Fund emergent repairs to memorial lighting to the Korean and Vietnam Memorials. (estimate \$15,000)
- Update the Vietnam Wall and name locator data base with casualties identified since the memorial was constructed. (estimate \$10,000)
- Make structural repairs to the World War II Memorial (estimate \$30,000)
- Fund engineering planning efforts for the Global War on Terror Memorial (\$15,000)
- Fund emergent repairs to irrigation, landscaping, flagpole and other Park infrastructure. (estimate \$30,000)

Total request: \$100,000



Fiscal Year 2016-2017 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

Other funding sources for these and other projects include donations from individual citizens and businesses, community civic organizations, and public and private grants. We have an active program to solicit donations from all of these sources which is maturing, however, there are many worthy causes competing for these donations and our identified project expenses are exceeding our short term capacity. As an example, we are currently executing a \$106,000 grant from IMPACT 100 to improve storm water drainage and create an improved event area. Our fundraising efforts last year netted \$33,000, (plus the \$106,000 IMPACT 100 grant for storm water improvements being executed this year) however, our emergent repairs to the Park and routine maintenance totaled \$61,000. Our additional projects and their estimated costs that will be the target of specific fundraising efforts that will be accomplished when funding is available and include:

- WWII Memorial Repairs: \$30,000
- Memorial Lighting repairs: \$15,000
- Vietnam Wall Update (add names): \$10,000
- Landscaping and infrastructure repairs and improvements: \$30,000
- Global War on Terror Memorial: \$250,000
- Education Center/Restrooms est.: \$400,000

Because we have seen increased use of the park by both individual citizens and community groups, as well as attracting increased use by visiting groups, we are receiving increased feedback about needed improvements and additions to the Park. We are making every effort to address these improvements in a timely manner.

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 specific funding sources confirmed for these projects, however, potential sources include other grants we have applied for, including from the City of Pensacola, Gulf Power, International Paper, Various Civic Organizations as well as a new IMPACT 100 grant for 2016. Additionally, we have kicked off a "Friends of the Park" fundraising campaign and will have other specific fundraising campaigns for the Global War on Terror Memorial, and Education Center when planning efforts are completed.



Fiscal Year 2016-2017 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

- Provide a venue for the community to show its appreciation to those that have sacrificed all for their country, its values, and our way of life.
- Serve to educate the community, individually and as groups, young and old, about our history and its attendant sacrifices such that they are deemed worthy of emulation for our continued freedom and security.
- Provide an attraction for visitors to the Pensacola area as a venue for reunions, memorial services and other events to honor their fallen members.

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

It will be a challenge to measure the impact of this program in a quantifiable way. There are no official statistics kept on the use of Veterans Memorial Park, although it is difficult to find a time when there are not visitors at the Park.

- One gauge will be the effect on applications to utilize and request guided tours of the Park. (the numbers of reunions, youth group visits, ceremonies, speaking events, weddings, memorial services, retirements, etc. continues to rise)
- Another will be the feedback that we receive from the ever more effective *Visit Pensacola* organization, and other tourist management and enhancement organizations and businesses.
- Feedback from the community. Our foundation maintains an active membership in this growing and important community resource. As interest in the Park grows in veterans and other groups planning trips and community events in our area we will hear it first from them. With each improvement and addition we have made to the Park, including memorial lighting, landscaping, and our information kiosk, we received nearly instant positive feedback from the community.

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

- The number of events performed at the Park
- The number of deficiencies in Park and Memorial appearance, currency and function identified by Park users.
- The amount of donations for Park maintenance and projects.



Fiscal Year 2016-2017 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	\$32,495	\$65,000	\$65,000
Programmatic Income	\$0	\$0	\$0
County Funding	\$0	\$15,000	\$20,000
City Funding	\$0	\$20,000	\$30,000
State Funding	\$0	\$0	\$0
Federal Funding	\$0	\$0	\$0
Memberships	\$0	\$20,000	\$20,000
Investment Income	\$0	\$0	\$0
Other Income (\$106K IMPACT100 Grant awarded in October 2015 for drainage improvement project)	\$0	\$106,000	\$100,000
Total Income	\$32,495	\$226,000	\$235,000



Fiscal Year 2016-2017 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	\$2,400	\$2400	\$2400
Contractual Services	\$22,244	\$20,600	\$20,600
Travel Expenses	\$0	\$0	\$0
Rentals and Leases	\$300	\$300	\$300
Communication	\$0	\$0	\$0
Postage and Freight	\$0	\$0	\$0
Repair and Maintenance (unplanned repairs)	\$20,942	\$10,300	\$10,300
Printing and Binding	\$0	\$0	\$0
Marketing and Promotion	\$6,000	\$8000	\$8000
Fuel	\$0	\$0	\$0



Fiscal Year 2016-2017 ESCAMBIA COUNTY AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	\$456	\$1000	\$1000
Other Expenses	\$8,430	\$4500	\$4500
Capitalizable Assets	\$494	\$500	\$500
Total Expenses	\$61,266	\$47,600	\$47,600
Net Income	(-\$28,771)	\$72,400	\$81,400

Any proceeds obtained beyond the \$35,000 in normal operating expenses will be used for the identified repair projects and improvements identified in the request. Our budget estimates potential income/donation sources and not guaranteed resources. In the current budget year, the \$106,000 IMPACT 100 grant was spent on the drainage project it was designated for so is not included in the net income. Current year donations are \$8000 with several requests and applications pending. The planned budget for next year includes a separate \$100,000 fundraising campaign to construct the Global War on Terror Memorial statue, so is similarly not included in the net income.

Please explain any capitalizable asset contained in your request.

There are no capitalizable assets being requested. The foundation owns a utility trailer that was donated to store supplies for park events.

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

DEPARTMENT OF THE TREASURY

Date: JUL 29 2014

VETERANS MEMORIAL PARK FOUNDATION
OF PENSACOLA INC
C/O JOHN A PANYKO
323 E ROMANA ST
PENSACOLA, FL 32502

Employer Identification Number:
46-3073405
DLN:
17053280310023
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 Required:
Yes
Effective Date of Exemption:
May 9, 2013
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.

Letter 947

VETERANS MEMORIAL PARK FOUNDATION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Tamara Ripperda". The signature is written in dark ink and is centered on the page.

Director, Exempt Organizations

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Veterans Memorial Park Foundation of Pensacola, 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
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 C Corporation S Corporation Partnership Trust/estate
 Other (see instructions) ▶ _____
 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.

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.)
P.O. Box 12984

6 City, state, and ZIP code
Pensacola, FL 32591-2984

7 List account number(s) here (optional)

Requester's name and address (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.

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number

4	6	-	3	0	7	3	4	0	5
---	---	---	---	---	---	---	---	---	---

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.

Part II Certification

- Under penalties of perjury, I certify that:
- 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
 - 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
 - I am a U.S. citizen or other U.S. person (defined below); and
 - 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 ▶ *[Handwritten Signature]* Date ▶ *11/24/2015*

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:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - 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
 - 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.

State of the Park
Annual Report of the
Veterans Memorial Park Foundation of Pensacola, Inc.
January 26, 2016



VETERANS MEMORIAL PARK
PENSACOLA, FLORIDA

**Veterans Memorial Park Foundation of Pensacola
Preface to 2015 Annual Report**

January 26, 2016

To: Ashton J. Hayward, Mayor of Pensacola
Charles Bare, President, Pensacola City Council

Attachment: Annual Report, State of Pensacola Veterans Memorial Park

Following Veterans Day of each year we are pledged to submit to the citizens of Pensacola a report on the state of the Veterans Memorial Park. This is our second full year of operations for our Foundation but has been a very eventful year where we have made great strides to improve the Veterans Memorial Park and its stature in the community.

In accordance with our bylaws, we have seated a new board with some new leadership, however we remain committed to govern our conduct by the light of three watchwords: Fidelity, Stewardship and Accountability. It is by the light of these words that we remain acutely aware of the importance to our community of the treasure that is Veterans Memorial Park. Indeed, the community that we serve, by virtue of the sacrifice rendered to an entire Nation by those we honor, transcends city, county or region. Commissioned by the City of Pensacola, we exercise stewardship over this treasure on behalf of all who honor the sacrifice of those we have memorialized here, and it is in this spirit that we humbly submit our annual report.

Very Respectfully and For the Park,

W.A. "Butch" Hansen, Chairman/President
Veterans Memorial Park Foundation of Pensacola, Inc.

The State of the Pensacola Veterans Memorial Park

The Veterans Memorial Park Foundation of Pensacola was incorporated on May 13, 2013. The following provides a status of the Park and the Foundation licensed to use, manage, and develop the Veterans Memorial Park for the City of Pensacola as we complete our first full year of operation.

Background:

History of the Veterans Memorial Park Foundation of Pensacola, Inc.:

The corporation was formed in 2013 following the recommendations of a steering committee, formed by the mayor of Pensacola, to examine and make recommendations for the future management and stewardship of the Pensacola Veterans Memorial Park. The steering committee reported its recommendations to the Mayor on March 5, 2013. The Mayor accepted the recommendations and requested the steering committee to incorporate to form the non-profit foundation recommended to assume custodial responsibility for the park. The city of Pensacola entered into a license agreement with the foundation on November 12, 2013 for the use management and further development of the Pensacola *Veterans Memorial Park*.

Corporate Mission: to serve in partnership with the City of Pensacola in providing for the care, funding and development of the *Veterans Memorial Park*.

Corporate Values: as indicated in our articles of incorporation, we are committed to the following values:

- Honor
- Loyalty
- Service
- Transparency
- Vigilance
- Accountability
- Inclusiveness
- Altruism

Corporate Objectives:

The specific objectives and purposes of this corporation shall be to collaborate with the City of Pensacola, whose citizens exercise ownership and bear custodial responsibility for the Veterans Memorial Park, as may be formally known hereafter, and work as Advocate, Provider, Steward, and Protector of the Park. Areas of active support shall include, but not be limited to, the following:

1. Assisting the City of Pensacola in developing, articulating, and managing a unifying theme and mission for advancement and development of the Park.

2. Providing for the ongoing maintenance, preservation, improvement, and development of the Park.
3. Educating the community, especially our children, about the Park and its mission and holding the sacrifices of those memorialized there as worthy of their gratitude, respect, and emulation.
4. Promoting incorporation of the Park into the fabric and culture of our community as befitting its rightful place in the hierarchy of our heritage and history.
5. Employing all means available for a IRC §501(c)3 corporation to identify and obtain funding for the present and future needs of the Park, and
6. Undertaking such other lawful actions and endeavors as complement or fulfill these objectives and purposes.

This Year's Highlights and Accomplishments:

The park has had an outstanding year by increasing community awareness of this wonderful facility, increasing visitor traffic by the community, tourists, and military reunion groups. We have obtained professional assistance in assessing the maintenance needs of the Park and its Memorials and completed the most urgent repair items identified, and have begun fundraising efforts to complete the remaining items. We were successful in competing for an IMPACT 100 grant which will fund a project to correct drainage problems and enhance our ability to host events. Finally, we were successful in adding highly qualified and motivated new members to our board as a part of established rotation. We spent more money than our fundraising brought in this year because of newly identified and emergent maintenance needs; however, we remain financially sound. The details of our accomplishments include:

November 2014:

- The board elected new officers: President: Butch Hansen, Secretary: John Clark; the other officers remain the same.
- Nancy Clark, the widow of a Korean War veteran, was added to the board to replace Jack Brown.
- A project was initiated to update the names on the Vietnam Wall Memorial to reflect the changes made to the memorial in Washington, D.C. This project requires close coordination with the Vietnam Veterans Organization in Washington D.C.

December 2014:

- The Wreathes Across America Association donated over 100 wreathes to the Park for various memorials during the holiday season.
- The Board established the near, short, and long term goals that follow for the VMPF.
- The Board established standards and criteria for the review of organizations and projects for Park additions and improvements.

- The Board resolved to recommend the installation of sponsor pavers as part of the Revolutionary War Memorial to the city.
- Review Standards and Criteria for potential partner organizations arising from proposed new projects were developed. (attached at enclosure (1))

January 2015:

- As required by our license agreement, a process and standards for reviewing new projects for the Park was approved by the Board, submitted and subsequently approved by the City. (attached)
- The board approved a project for the Combat Veterans Motorcycle Association to donate a bench with the same design of existing Park benches that honors combat veterans of all services.
- A VMIO video of the Park at dawn was donated and placed on the web site. The video was professionally produced and has great potential to “sell” Pensacola as well as the Park to potential visitors.

February 2015:

- After reviewing multiple security system proposals and receiving briefs from experts at the Pensacola Police Department, the Board elected to contract for random patrols of the Parks after dark to deter further vandalism.
- The foundation accepted the transfer of a storage trailer and equipment for Park events from the disestablished Wall South Foundation. The trailer will be parked at the protected City Public Works Facility lot.
- Ed Rouse was retained as the Foundation’s accountant.
- The “Heroes among us” speaker series was approved for the year.

March 2015:

- The Foundation secured a P.O. Box for receipt of all official mail. It’s new address is P.O. 12984, Pensacola, FL 32591-2984
- The Pensacola Rose Society volunteered and maintained the many rose bushes in the Park.
- A Spring clean-up event was conducted at the Park with many volunteers from the NAS Medical Training Command. The Boy Scouts conducted a flag retirement ceremony at the same time.

April 2015:

- GLMCO, a professional Monument Company inspected all of the monuments in the park and provided a complete report on their material condition and suggested maintenance items. Estimates for needed repairs included:
 - Vietnam Wall Memorial - \$3,200
 - World War I Memorial - \$6,980
 - World War II Memorial - \$28,160
 - Statue Cleaning - \$1,500
 - Deck Painting –
- The Board also received an estimate for the repair of the Lights on the Korean Memorial. - \$5,200

May 2015:

- Board President Hansen appeared on Blab TV and The Council on Aging TV shows to promote the Park and its events.
- The Memorial Day Ceremony at the Park was very well attended and provided a wonderful venue to reflect on the meaning of the day. Lieutenant General Thiessen, USMC (retired) was the guest speaker. The day marked the 20th anniversary of the “run to the Wall” motorcycle ride performed by over 500 members of the Vietnam Veterans Motorcycle Association.

June 2015:

- The Foundation submitted an application for a \$106,000 grant from the IMPACT 100 Foundation to correct storm water drainage problems and to provide a turf event stage.
- The Crewe of Quasimodo donated \$5000 for maintenance on the Marine Aviation Bell Tower.

July 2015:

- The Daughters of the American Revolution conducted a wreath placement ceremony on July 4th to commemorate 40 years since the end of the Vietnam War.
- Maintenance was completed on the Vietnam Wall Memorial, the World War I Memorial, the statue cleaning, and Memorial deck painting.
- The Board voted to establish sponsor/donor pages on the web site to recognize all contributors to the park.
- Steve Wilmer, a Marine Corps veteran, was added to the Board to replace Jill Hubbs.

August 2015:

- A volunteer group was established to patrol the Park weekly to clean and pull weeds as needed.
- The Board voted to procure hats and shirts with the Park logo to provide to donors.
- The AHERO organization visited the Park as part of their annual “Warrior Hookup” Weekend.
- The Board created and purchased “rack cards,” and distributed them throughout the area to promote the Park.

September 2015:

- The Marine Corps Semper Fi 5K run was conducted at the Park.
- Additional Security System proposals and bids are being considered by the Foundation.

October 2015:

- The Foundation was awarded an IMPACT 100 grant of \$106,000 for a project to improve storm water drainage and enhance the Park event facility with a pervious turf stage.
- Memorial repairs were completed on the Marine Bell Tower, and the Flag Pole lighting.

- The foundation received \$2,200 from Councilman Andy Terhaar for Vietnam Wall lighting repairs.
- The Foundation submitted an application for a RESTORE grant from the county to develop an Education Center with restrooms, a Global War on Terror Memorial, a Park Master Plan, and other outstanding Memorial maintenance.
- Allen Jones, a local photographer who photographed the pictures on our website, agreed to allow large portraits to be produced and sold by the Board to promote the Park.
- Peter McKanna, Paul Entrekin and Butch Hansen were selected for another three year board term

November 2015:

- The Veterans Day Celebration at the Park was a great success with outstanding participation by the community and support by WCOA and other veterans groups. RADM Don Quinn, USN(retired), was the guest speaker. SSgt Forrest Sibley, USAF, and Sr Airman Nathan Sartain, USAF, local service members recently killed in action in Afghanistan, were memorialized with plaques in the Park as part of the ceremony.
- Butch Hansen, John Ochs, and John Clark were elected to serve another term in their officer positions. Mike Swinehart was elected as the vice president.
- Lisa Rawson, a retired Navy Commander, was selected to replace Charlie Switzer on the Board of Directors. Charlie Switzer's term expired.

December 2015:

- The Wreathes Across America organization provided wreathes to all the Park memorials for holiday decorations.
- The Foundation received a grant of \$5000 from the Escambia Sheriff's Department law Enforcement Trust Fund for participation in the drug abuse prevention and education program.

Future Plans:

The following goals are established for the Foundation to guide future decisions regarding the stewardship and further development of the Park.

Near term "priority" goals:

1. Increase participation of Foundation board members.
2. Develop a realistic proactive fundraising plan.
 - Target specific grant opportunities and organize to develop applications.
 - Develop an annual fundraising event
 - Develop a list of potential donors and gift goals.
 - Organize board members to call on potential donors.
 - Search for an effective grant researcher/writer

- Establish a “Friends of the Park” donor and volunteer base
- 3. Develop a VMP “Speakers Bureau” aimed at community groups and local schools.
- 4. Increase community outreach. Invite field trips and other appropriate events at the Park and provide tour guides and information as desired.

Short term - One year goals:

1. Develop a marketing plan coordinated with other city tourist initiatives
2. Refine a process for identifying future board members and consider a succession plan for officers. (to include diversity and needed skills)
3. Begin the process of establishing a project for a memorial for the Global War on Terror.
4. Make needed infrastructure Improvements:
 - Update the Vietnam Memorial Wall.
 - Complete repairs to the WWII Memorial
 - Develop a plan for permanent restrooms and an education center
5. Secure BBB and United Way Charitable Accreditation.

Long-term goals:

1. Be recognized as the “premier” veterans memorial park in the Southeast and the country.
2. Complete a detailed Master Plan to include the selection and placement of future memorials, other infrastructure improvements and the use of portions of Admiral Mason Park.
3. Expand the existing space to better accommodate visitors and events.
4. Establish an “endowment (set aside of funds)” of some type for long-term Park maintenance.
5. Hire a part time “administrator” responsible for financial (paying bills, preparing financial reports, etc.), filing appropriate governmental reports, donors (recognizing, thanking, etc.), assisting in identifying potential donors/contributors, assisting board in committee assignments

Financial Status:

Veterans Memorial Park Foundation of Pensacola
Profit and Loss
January - December, 2015

	Total
<u>Income</u>	
Donation	29,403.03
In-Kind Donations	2,052.46
Sale of Merchandise	1,440.00
Total Income	<u>\$32,894.76</u>
<u>Expenses</u>	
Bank Charges	662.44
Cost of Goods Sold	2,968.50
Depreciation Expense	431.97
Insurance	1,089.00
Lawn Maintenance	15,821.00
Legal & Professional Fees	3,150.00
Office Expenses	296.00
Promotional	670.30
Rent or Lease	300.00
Repair & Maintenance	21,191.87
Security	4,690.68
Stationery & Printing	621.45
Supplies	456.12
Taxes & Licenses	207.15
Utilities	1,639.00
Web Master	6,645.85
Total Expenses	\$60,841.33
Net Operating Income	<u>\$ (27,946.57)</u>
<u>Other Income</u>	
Interest Earned	5.03
Total Other Income	\$5.03
Net Other Income	\$5.03
Net Income	<u>\$ (27,941.54)</u>

Veterans Memorial Park Foundation of Pensacola
 Balance Sheet
 As of November 30, 2015

	Total
ASSETS	
<u>Current Assets</u>	
Bank Accounts	
Business Account Checking (20)	\$73,471.36
Business Savings (01)	25.08
Total Bank Accounts	\$73,496.44
Other current assets	
Pre-Paid Expenses	598.06
Total Other current assets	\$598.06
Total Current Assets	\$74,094.50
Fixed Assets	
Equipment	889.00
Accumulated Depreciation	(431.97)
Total Equipment	457.03
Total Fixed Assets	\$457.03
TOTAL ASSETS	\$74,551.53
LIABILITIES AND EQUITY	
Liabilities	
Total Liabilities	
Equity	
Retained Earnings	102,690.84
Net Income	(27,941.54)
Total Equity	\$74,749.30
TOTAL LIABILITIES AND EQUITY	\$74,749.30

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning _____, and ending _____

VETERANS MEMORIAL PARK FOUNDATION **46-3073405**
OF PENSACOLA, INC

Net Asset / Fund Balance at Beginning of Year		<u><u>102,692</u></u>
Revenue		
Contributions	<u>32,495</u>	
Program service revenue	<u> </u>	
Investment income	<u> </u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue	<u><u>32,495</u></u>	
Expenses		
Program services	<u>61,266</u>	
Management and general	<u> </u>	
Fundraising	<u> </u>	
Total expenses	<u><u>61,266</u></u>	
Excess / (deficit)		<u><u>-28,771</u></u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>73,921</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>32,495</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>61,266</u></u>

	Beginning	Ending	Differences
Assets	<u>102,692</u>	<u>73,921</u>	
Liabilities	<u> </u>	<u> </u>	
Net assets	<u><u>102,692</u></u>	<u><u>73,921</u></u>	<u><u>-28,771</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/16/16
 Failure to file penalty _____

Ducker & Company, Inc.
6825 Oak Street
Milton, FL 32570-6732
850-623-3250

February 11, 2016

CONFIDENTIAL

Veterans Memorial Park Foundation
of Pensacola, Inc
8259 El Dorado Drive
Pensacola, FL 32506

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Ducker & Company, Inc.

Ducker & Company, Inc.
6825 Oak Street
Milton, FL 32570-6732
850-623-3250

February 11, 2016

CONFIDENTIAL

Veterans Memorial Park Foundation
of Pensacola, Inc
8259 El Dorado Drive
Pensacola, FL 32506

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/15.

Amount due	<u>\$ 2,400.00</u>
------------	--------------------

Filing Instructions

Veterans Memorial Park Foundation of Pensacola, Inc

Exempt Organization Tax Return

Taxable Year Ended December 31, 2015

Date Due: May 16, 2016

Remittance: None is required. Your Form 990 for the tax year ended 12/31/15 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Ducker & Company, Inc.
6825 Oak Street
Milton, FL 32570-6732

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0078

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or fiscal year beginning 2015, 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.

2015

Name of exempt organization

**VETERANS MEMORIAL PARK FOUNDATION
OF PENSACOLA, INC**

Employer identification number

46-3073405

Name and title of officer

**PAUL BROWN
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 ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	32,495
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	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 2015 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 1-866-353-4537 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 **DUCKER & COMPANY, INC.** to enter my PIN **73405** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 2015 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 ▶ **02/13/16**

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.

50566611113

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ▶ **EDWARD ROUSE, CPA**

Date ▶ **02/13/16**

**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.

Form **8879-EO** (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

2015
Open to Public Inspection

A For the 2015 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: **VETERANS MEMORIAL PARK FOUNDATION OF PENSACOLA, INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **8259 EL DORADO DRIVE**
 City or town, state or province, country, and ZIP or foreign postal code: **PENSACOLA FL 32506**

D Employer identification number: **46-3073405**

E Telephone number: **850-324-5893**

F Name and address of principal officer:
BUTCH HANSEN
101 W. LLOYD STREET
PENSACOLA FL 32501

G Gross receipts: **32,495**

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries 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: **VETERANSMEMORIALPARKPENSACOLA.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2014** as State of legal domicile: **FL**

H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE FOR THE MAINTENANCE, PRESERVATION, IMPROVEMENT AND DEVELOPMENT OF THE VETERANS MEMORIAL PARK IN PENSACOLA, FLORIDA

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) **14**

4 Number of independent voting members of the governing body (Part VI, line 1b) **14**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **0**

6 Total number of volunteers (estimate if necessary) **25**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	102,228	32,495
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)	102,228	32,495
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)		0
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)	4,329	61,266
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,329	61,266
19 Revenue less expenses. Subtract line 18 from line 12	97,899	-28,771

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	102,692	73,921
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	102,692	73,921

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: **PAUL BROWN** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only
 Print/Type preparer's name: **EDWARD ROUSE, CPA** Preparer's signature: **EDWARD ROUSE, CPA** Date: **02/11/16** Check if self-employed if PTIN **P00409219**
 Firm's name: **DUCKER & COMPANY, INC.** Firm's EIN: **27-4408233**
 Firm's address: **6825 OAK STREET MILTON, FL 32570-6732** Phone no.: **850-623-3250**

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

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" on 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 on Part XIII

Part V Endowment Funds.
Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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		889	494	395
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				395

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		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		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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		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.	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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> 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?		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		
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)?		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> 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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.	14	
b	Enter the number of voting members included in line 1a, above, who are independent	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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 8104 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> 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: EDWARD M. ROUSE, CPA 6825 OAK STREET MILTON FL 32570 850-623-3250

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) JOE GLOVER DIRECTOR	1.00 0.00	X					0	0	0	
(2) PETE MCKANNA DIRECTOR	1.00 0.00	X					0	0	0	
(3) BUTCH HANSEN PRESIDENT	5.00 0.00	X		X			0	0	0	
(4) DAVID GLASSMAN DIRECTOR	1.00 0.00	X					0	0	0	
(5) PAUL ENTREKIN DIRECTOR	1.00 0.00	X					0	0	0	
(6) JOHN CLARK SECRETARY	5.00 0.00	X		X			0	0	0	
(7) JACK BROWN DIRECTOR	1.00 0.00	X					0	0	0	
(8) JOHN OCHS DIRECTOR	1.00 0.00	X		X			0	0	0	
(9) ROBERTO RIVERA DIRECTOR	1.00 0.00	X					0	0	0	
(10) MICHAEL SWINEHART VICE-PRESIDENT	5.00 0.00	X					0	0	0	
(11) WILLIAM WEEKS 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)						(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) ED HOLT	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) LISA RAWSON	1.00									
DIRECTOR	0.00						0	0	0	
(14) PAUL BROWN	5.00									
TREASURER	0.00						0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		(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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 32,495				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		32,495			
Program Service Revenue	2a	Buasn. Code				
	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					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expe.					
	c Rental inc. 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 & sales expe.					
	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		Buasn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		32,495	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 8b, 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				
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	3,150	3,150		
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.)	47,757	47,757		
12 Advertising and promotion	670	670		
13 Office expenses	955	955		
14 Information technology	7,151	7,151		
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	494	494		
23 Insurance	1,089	1,089		
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	61,266	61,266	0	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 <input type="checkbox"/> 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	102,692	1	73,526	
	2 Savings and temporary cash investments		2		
	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		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	889		
	b Less: accumulated depreciation	10b	494	10c	395
	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)		102,692	16	73,921	
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		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		0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> 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		102,692	32	73,921
33 Total net assets or fund balances		102,692	33	73,921	
34 Total liabilities and net assets/fund balances		102,692	34	73,921	

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	32,495
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,266
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,692
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	73,921

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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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.		
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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**VETERANS MEMORIAL PARK FOUNDATION
OF PENSACOLA, INC**

Employer identification number

46-3073405

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (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 1–6 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			13,240	102,228	32,495	147,963
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			13,240	102,228	32,495	147,963
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.						147,963

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4			13,240	102,228	32,495	147,963
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						147,963
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2015. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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.		
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.		

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).		

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

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 16, 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

2015

Open to Public Inspection

Name of the organization

**VETERANS MEMORIAL PARK FOUNDATION
OF PENSACOLA, INC**

Employer identification number

46-3073405

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 on Part XIII

Part V Endowment Funds.
Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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		889	494	395
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				395

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2015

Open to Public Inspection

**VETERANS MEMORIAL PARK FOUNDATION
OF PENSACOLA, INC**

Employer identification number
46-3073405

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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 5–8.

5 For persons listed on 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**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on 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**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part VII 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 on 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 1e, 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) Nonreleasable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 J.T.SA RAWSON DIRECTOR	0	0	0	0	0	0	0
2 PAUL BROWN TREASURER	0	0	0	0	0	0	0
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

**VETERANS MEMORIAL PARK FOUNDATION
OF PENSACOLA, INC**

Employer identification number

46-3073405

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

PROVIDE FOR THE MAINTENANCE, PRESERVATION, IMPROVEMENT AND DEVELOPMENT OF THE VETERANS MEMORIAL PARK IN PENSACOLA, FLORIDA

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE RESPONSIBLE OFFICER'S REVIEW AND APPROVE THE FORM 990 BEFORE FILING.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THE PUBLIC MAY VIEW THE FORM 990 ON OUR WEBSITE OR BY REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PROVIDED UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	PROGRAM SERVICE	MGT & GENERAL	FUNDRAISING
PARK LANDSCAPING	\$ 15,821	\$ 0	\$ 0
EQUIPMENT RENTALS	\$ 300	\$ 0	\$ 0
INTERNET	\$ 1,639	\$ 0	\$ 0
BANK & CREDIT CARD FEES	\$ 639	\$ 0	\$ 0
TAXES & LICENSES			

Name of the organization

Employer identification number

VETERANS MEMORIAL PARK FOUNDATION

46-3073405

\$ 207 \$ 0 \$ 0

SUPPLIES

\$ 456 \$ 0 \$ 0

PARK REPAIRS & MAINTENANCE

\$ 20,942 \$ 0 \$ 0

PARK SECURITY

\$ 4,784 \$ 0 \$ 0

ITEMS FOR RE-SALE

\$ 2,731 \$ 0 \$ 0

MISC

\$ 238 \$ 0 \$ 0

Contracted Services: 4,784 Sec.
 1,639 Int.
 15,821 Landscape
 22,244

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

**VETERANS MEMORIAL PARK FOUNDATION
OF PENSACOLA, INC**

Identifying number

46-3073405

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 2014 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 2016. 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	445
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 2015	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	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(e) 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		444	5.0	BY	200DB	49
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 2015 Tax Year Using the Alternative Depreciation System

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	494
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** (2015)

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
	Equipment	3/11/15	889		X	444	5 HY 200DB	0	494
			<u>889</u>			<u>444</u>		<u>0</u>	<u>494</u>
	Grand Totals		889			444		0	494
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>889</u>			<u>444</u>		<u>0</u>	<u>494</u>

46-3073405

AMT Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:								
	Equipment	3/11/15	889	X	444	5 HY 200DB	0	494
			<u>889</u>		<u>444</u>		<u>0</u>	<u>494</u>
	Grand Totals		889		444		0	494
	Less: Dispositions and Transfers		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>889</u>		<u>444</u>		<u>0</u>	<u>494</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<u>Activity: Form 990, Page 1</u>								
1	Equipment	3/11/15	889		0	445	0	444
		Form 990, Page 1	889		0	445	0	444
		Grand Total	889		0	445	0	444

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	1	Equipment	494	494	0
				<u>494</u>	<u>494</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	Equipment	3/11/15	889	158	158
			<u>889</u>	<u>158</u>	<u>158</u>
	Grand Totals		<u>889</u>	<u>158</u>	<u>158</u>

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning _____, ending _____		

Name: **VETERANS MEMORIAL PARK FOUNDATION OF PENSACOLA, INC** Taxpayer Identification Number: **46-3073405**

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	3	32,495	32,492
	2. Membership dues and assessments			
	3. Government contributions and grants	102,225		-102,225
	4. Program service revenue			
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11		102,228	32,495
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits			
	17. Professional fundraising fees			
	18. Other professional fees	4,329	50,907	46,578
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion		494	494
	21. Other expenses		9,865	9,865
	22. Total expenses. Add lines 13 through 21	4,329	61,266	56,937
	23. Excess or (Deficit). Subtract line 22 from line 12	97,899	-28,771	-126,670
Other Information	24. Total exempt revenue	102,228	32,495	-69,733
	25. Total unrelated revenue			
	26. Total excludable revenue			
	27. Total assets	102,692	73,921	-28,771
	28. Total liabilities			
	29. Retained earnings	102,692	73,921	-28,771
	30. Number of voting members of governing body	16	14	
	31. Number of independent voting members of governing body	16	14	
	32. Number of employees	0	0	
	33. Number of volunteers	25	25	

Form 990	Tax Return History	
Name VETERANS MEMORIAL PARK FOUNDATION OF PENSACOLA, INC		Employer Identification Number 46-3073405

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants				102,228	32,495	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				102,228	32,495	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees				4,329	50,907	
Occupancy costs						
Depreciation and depletion					494	
Other expenses					9,865	
Total expenses				4,329	61,266	
Excess or (Deficit)				97,899	-28,771	
Total exempt revenue				102,228	32,495	
Total unrelated revenue						
Total excludable revenue						
Total Assets				102,692	73,921	
Total Liabilities						
Net Fund Balances				102,692	73,921	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PARK LANDSCAPING	\$ 15,821	\$ 15,821	\$	\$
EQUIPMENT RENTALS	300	300		
INTERNET	1,639	1,639		
BANK & CREDIT CARD FEES	639	639		
TAXES & LICENSES	207	207		
SUPPLIES	456	456		
PARK REPAIRS & MAINTENANCE	20,942	20,942		
PARK SECURITY	4,784	4,784		
ITEMS FOR RE-SALE	2,731	2,731		
MISC	238	238		
TOTAL	\$ 47,757	\$ 47,757	\$ 0	\$ 0

VMPF PEN Veterans Memorial Park Foundation
46-3073405
FYE: 12/31/2015

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Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
IN-KIND DONATIONS	\$ 1,997
RE-SALE ITEMS	1,340
DONATIONS	29,158
TOTAL	<u>\$ 32,495</u>