



April 29, 2016

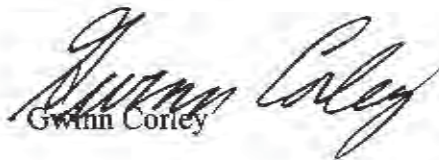
Stephan Hall
Budget Manager
221 Palafox Place, Suite 440
Pensacola, FL 32502

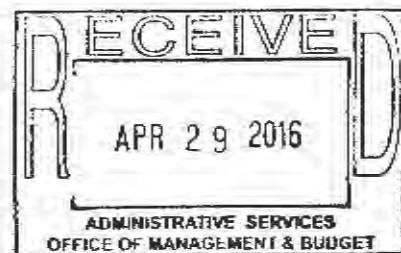
Mr. Hall,

Enclosed documents are in regards to our request for funding during FY 2016/2017.

'Thanks' for all the work you and your staff do for the County. .

Sincerely,


Gwynn Corley





April 29, 2016

Ms. MacArthur
County of Escambia, Florida
Bureau Chief Aide
P.O. Box 1591
Pensacola, FL 32597-1591

Reference: FY 2015 Annual County Allocation Report

Dear Katie,

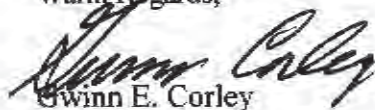
During FY-15
, Keep Pensacola Beautiful has collected and disposed of **481,692 pounds (240.8 tons)** of refuse through our various community beautification programs. These figures represent weights of litter collect by our volunteers. We have utilized 1,066 court-ordered volunteers for 5,301 community service hours, 234 military volunteer for 958 hours, 448 general public volunteer for 2,073 hours, and 5 working Board members for 16 hours. This is a total of 1,740 volunteer for 8,291 hours on Keep Pensacola Beautiful various programs.

We has conducted or participated in the following events: 48 litter free events; 2 city/county individual assistance cleanups, 279 County park cleanups, 81 CRA/roadside litter pickups, 12 cemetery cleanups, disposed of 335 used tires, 7 Great American Cleanup events, 12 neighborhood clean sweeps, 285 downtown garage cleanups, 10 STEP events (40 assists), and 145 fishing pier cleanups. We continually recycle cardboard, plastics, phone books, electronics, ink cartridges, grease, paint, etc. We collected 289,540 pounds (144.8 tons) of oyster shells, building 6 oyster reefs in Bayou Texar and 5 reefs in Bayou Grande. We also conducted oyster recycling education at litter free events.

FY-15 administrative & operational expenses were \$94,562.66 and our payroll expenses were \$136,834.56 for a total of \$231,397.22. Our allocation from the County is greatly appreciated as it greatly assists us in our ability to operate and expand our role in the community.

We thank you for your continued support.

Warm Regards,


Gwinn E. Corley



**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: Keep Pensacola Beautiful

Agency Address: 3303 N Davis Highway
Pensacola, FL 32503

Program Name: Beautification, Recycling, and Reduce Litter

Program Contact: Gwinn Corley

Contact Email: director@keeppensacolabeautiful.org

Contact Phone: 850-438-1178

25-Word Description of Program: We encourage individuals in our communities to promote and assist in keeping our communities safe and clean.

Amount Requested: \$40,000.00

Amount Received Last Year, if applicable: \$40,000.00



**Fiscal Year 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 to cover office and supervisor salaries and benefits, vehicle fuel, rent, e-newsletters, and volunteer brochures for our different programs.

Briefly discuss how the funding you are currently requesting will be used.
Requested funds will be used for salaries, benefits, and cost associated with payroll as well as vehicle fuel, rent, and administrative cost associated with e-newsletters and brochures.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?
The offset could range from reducing the number of roadside litter and illegal dumpsite pickups, as well as reducing the number of our Great American Cleanup events. The worst offset would be the reduction of our supervisors and administrative staff.



**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:

None

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

For example, "reduce homelessness in Escambia County"

- Reduction of litter along our roadsides and illegal dumpsites.
- empower citizens to improve their community by focusing on individual and neighborhood responsibilities.
- increase our community educational efforts in recycling.

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

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

- Our success on the reduction of litter along our roadsides and illegal dumpsites will be measured by the trash collected and the number of volunteers and volunteer hours.
- empower citizens to improve their community will be measured by the number of events completed,
- community educational efforts in recycling will be measured by the number of educational booths conducted and litter free events. Success will be measured by the number of people who attend.

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

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

- number of roadside cleanups performed wach month with volunteer hurs and litter collected.
- number of neighborhood cleanups performed wach month with volunteer hours and litter weight.
- number of educational events per month with volunteer hours and number of attendees.



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 FY2014-2015	Current Budget Year FY2015-2016	Proposed Budget Year FY2016-2017
Contributions from Private Sources	\$6,150.00	\$3,200.00	\$4,175.00
Programmatic Income	None	None	None
County Funding			
Allocation	\$40,000.00	\$40,000.00	\$40,000.00
Parks & Rec	\$92,000.00	\$95,000.00	\$123,967.00
Fishing Bridge	\$11,000.00	\$11,000.00	\$9,168.00
CRA Response	\$5,500.00	\$6,000.00	
Total	\$108,500.00	\$112,000.00	\$173,135.00
City Funding	\$19,300.00	\$19,300.00	\$19,300.00
State Funding	\$15,000.00	\$15,000.00	\$15,000.00
Federal Funding	\$29,888.00	None	None
Memberships			
Investment Income			
Other Income			
KAB Grant	\$10,000.00	\$15,000.00	
Recycle Rebate	\$2,000.00	\$2,000.00	
DIB Contracts	\$18,200.00	\$22,800.00	\$5,180.00
Festival Contracts	\$21,000.00	\$23,600.00	\$27,200.00
Total Income	\$270,038.00	\$252,900.00	\$243,990.00
In-Kind Revenue	\$299,800.00	\$299,800.00	\$290,500.00
Total	\$569,838.00	\$552,700.00	\$534,490.00



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

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	8	9	6
Total Salaries and Wages	\$122,859.00	\$135,150.00	\$139,300.00
CPA/Payroll Services	\$14,716.00	\$16,212.00	\$15,800.00
Travel Expenses	\$1,050.00	\$1,050.00	\$1,150.00
Insurance	\$9,000.00	\$7,500.00	\$7,700.00
Admin/Misc	\$5,355.00	\$5,375.00	\$4,345.00
Total Admin Exp	\$30,121.00	\$30,137.00	\$28,995.00
Utilities	\$4,000.00	\$3,000.00	\$2,750.00
Grant Expenses		\$44,888.00	\$15,000.00
Rent/Maintenance	\$10,110.00	\$9,910.00	\$9,360.00
Phone/Internet	\$2,250.00	\$2,300.00	\$2,400.00
Fuel/Maintenance	\$16,863.00	\$14,817.00	\$11,296.00
Trailers	\$2,136.00	\$2,011.00	\$411.00
Equipment/Supplies	\$9,050.00	\$9,150.00	\$6,100.00
Waste Disposal	\$3,800.00	\$3,550.00	\$3,100.00
Operations Misc	\$4,500.00	\$12,500.00	\$11,700.00
Total Operations Expenses	\$111,599.00	\$86,238.00	\$62,117.00
Depreciation	\$14,000.00	\$14,000.00	\$13,000.00
Total Expenses	\$264,579.00	\$251,538.00	\$243,412.00
In-Kind Expenses	\$299,800.00	\$299,800.00	\$290,500.00
Total	\$564,379.00	\$551,338.00	\$533,912.00
Net Income	\$5,459.00	\$1,362.00	\$578.00



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

Expenses (cont.)

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

Capitalizable Assets

Total Expenses

Net Income

Please explain any capitalizable asset contained in your request.

KEEP PENSACOLA BEAUTIFUL

Performance Matrix for October 2015 to March 31, 2016

During the above time frame, Keep Pensacola Beautiful has continued to conduct numerous programs and cleanup services throughout the Pensacola area. We conducted several recycling programs in the community by providing recycling collection services and educational opportunities. For American Recycles Day, a national campaign by Keep America Beautiful held annually in November, KPB focused on the collection of electronics outside of Sam's Club. In February, one educational event called the 'Bag Swap' was held outside of Ever'man Cooperative in downtown Pensacola. Participants could bring in a bundle of 25 plastic bags to swap for one reusable shopping bag. All participants were entered into a drawing to win a birdhouse made by Trex, a company that specializes in making lumber materials out of recycled bags. We performed three Great American Cleanup (GAC) events in March. We held a litter awareness scavenger hunt for kids and young adults from the Educational Talent Search Program through Pensacola State College. We also hosted an Earth Day cleanup in conjunction with the Florida Association of Environmental Professionals in the Beach Haven neighborhood. We coordinated a roadside litter cleanup with the Honeysuckle Garden Club and the Barrineau Park Historic Society in Molino, held every year for Earth Day.

Other events include six abandoned cemetery cleanups, removal of litter from 50 county roads, free services for an individual assistance program, cleanup of 66 litter free events, and participated in nine county clean sweeps. We conduct one adopt-a-park each month with military volunteers, and have collected debris from three illegal dump sites within the county. We have also collected 446 tires during our road side litter cleanup events. We have sent out six newsletters, each with a different theme and increased our social media presence on Facebook, Twitter, and Instagram in order to promote community events and educational topics relating to KPB's three core focuses-litter, recycling, and beautification. We host an ECUA Oil and Grease Recycling station where additional educational brochures are made available to those who use the facility. Our office is also a drop-off site for community members who want to recycle electronics, cell phones, cardboard, tires, ink/laser cartridges, batteries, and other hazard waste materials. The Ink Cartridge Recycling Program partners with ten different businesses and organizations in the Pensacola area to collect used cartridges once per month.

The majority of our services are done with the help of community volunteers; court-ordered-community service workers, military volunteers, and Board members. In six months, we have accumulated a total of 163,043 pounds of litter from special events; 35,950 pounds of recyclable cardboard; and 5,510 pounds of roadside litter. We have used a total of 580 volunteers for 4744 volunteer hours to accomplish our tasking and 103 volunteers/201 hours have attended our educational classes.

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) KEEP PENSACOLA BEAUTIFUL, INC.	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.) 3303 N DAVIS HWY	Requester's name and address (optional)
City, state, and ZIP code PENSACOLA, FL 32503	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number													
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Employer identification number													
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5	9	-											
1	8	6	3										
2	3	0											

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

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).

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 4.

Sign Here	Signature of U.S. person 	Date 4/29/2016
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077552417
May 10, 2012 LTR 4168C 0
59-1863230 000000 00

00037459
BODC: TE

KEEP PENSACOLA BEAUTIFUL INC
3303 N DAVIS HWY
PENSACOLA FL 32503-3016

73

Employer Identification Number: 59-1863230
Person to Contact: Dee Anna Jarmon
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 26, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1979.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077552417
May 10, 2012 LTR 4168C 0
59-1863230 000000 00
00037460

KEEP PENSACOLA BEAUTIFUL INC
3303 N DAVIS HWY
PENSACOLA FL 32503-3016

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

Sincerely yours,

Cindy Thomas

Cindy Thomas
Manager, ED Determinations



BANIAKAS & ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

To the Board of Directors
Keep Pensacola Beautiful, Inc.
Pensacola, Florida

We have compiled the accompanying statements of financial position of Keep Pensacola Beautiful, Inc. (a non-profit organization) as of September 30, 2015 and 2014, and the related statements of functional activities for the quarters and years then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

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.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the users' conclusions about the Company's financial position, results of operations and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent in regard to Keep Pensacola Beautiful, Inc.

Regina W. Baniakas CPA

Baniakas & Associates, CPAs and Business Advisors, LLC

4/27/2016

Keep Pensacola Beautiful, Inc.
Statements of Financial Position - For Management Use Only
As of September 30, 2015 and 2014

	2015	2014
ASSETS		
Current Assets		
Checking/Savings	\$ 46,697.96	\$ 32,558.26
Accounts Receivable	6,848.50	10,573.28
Inventory	125.00	125.00
Total Current Assets	53,671.48	43,256.54
Fixed Assets		
ADP Equipment	1,067.06	1,067.06
Fixed Assets - Donated	15,770.00	15,770.00
Office Equipment	6,664.28	5,984.32
Tools & Equipment	29,236.07	29,061.84
Tool & Storage Sheds	1,769.00	1,769.00
Trailers	10,226.56	10,087.56
Vehicles Purchased	82,070.05	82,070.05
Accum Depreciation	(126,002.00)	(114,144.00)
Total Fixed Assets	20,801.02	31,665.83
Other Assets		
Deposits	200.00	200.00
Total Other Assets	200.00	200.00
TOTAL ASSETS	\$ 74,672.48	\$ 75,122.47
LIABILITIES & NET ASSETS		
Liabilities		
Current Liabilities		
Accounts Payable	\$ 348.34	\$ 1,323.31
Note Payable Silverado	3,336.66	3,236.88
Note Payable Nissan	3,274.78	3,189.44
Total Current Liabilities	6,959.78	7,749.63
Long Term Liabilities		
Note Payable Silverado - Long Term	12,823.30	16,159.96
Note Payable Nissan - Long Term	4,216.96	7,491.74
Total Long Term Liabilities	17,040.26	23,651.70
Total Liabilities	24,000.04	31,401.33
Net Assets		
Temporarily Restricted	21,473.36	13,128.73
Unrestricted	29,199.08	30,592.41
Total Net Assets	50,672.44	43,721.14
TOTAL LIABILITIES & NET ASSETS	\$ 74,672.48	\$ 75,122.47

Keep Pensacola Beautiful, Inc.

Statements of Activities - For Management Use Only

For the Years Ended September 30, 2015 and 2014

	2015	2014
Ordinary Income/Expense		
Income		
Contracts	\$ 156,205.40	\$ 148,955.40
Grants	93,313.14	65,157.54
Donations	1,871.97	4,310.45
Rebates & Recycling	16.00	732.10
Total Income	<u>251,208.51</u>	<u>219,155.49</u>
Expenses		
Administrative Expenses		
Payroll Expenses	136,834.56	116,049.97
Flowers and Gifts	-	285.45
Supplies	2,105.64	2,286.77
Printing	344.41	-
Postage & Delivery	218.68	-
Insurance	7,720.81	9,106.24
Office Equipment	-	180.00
Consultants	16,212.22	14,583.78
Dues, Fees, and Subscriptions	2,169.52	2,830.44
Promotional	-	(325.00)
Travel	224.72	(15.00)
Total Administrative Expenses	<u>165,830.56</u>	<u>144,982.65</u>
Operating Expenses		
Computer Expenses	2,322.49	-
Supplies & Materials	11,745.05	-
Bldg & Grounds	414.18	318.73
Crew Equipment	5,659.40	8,656.40
Signs	500.00	3,813.92
Depreciation	12,858.00	11,376.00
Festivals & Special Events	10,110.33	2,522.46
Ford F-250	-	1,338.29
Ford F-350	6,117.61	10,230.08
Maintenance & Repairs	385.70	402.51
Nissan Truck	4,855.60	8,012.63
Public Awareness	496.42	-
Bobcat Expenses	323.13	-
Silverado Truck	3,040.84	2,089.06
Rent	9,360.00	9,360.00
Targeted Cleanups	1,019.41	1,850.20
Dump Trailer Expenses	65.60	1,239.35
Telephone	2,371.30	2,243.00
Trailer Expenses	358.16	872.47
Utilities	2,962.80	4,236.91
Waste Disposal- Routine	3,458.83	3,502.05
Total Operating Expenses	<u>78,424.65</u>	<u>70,064.26</u>
Total Expenses	<u>244,255.21</u>	<u>215,046.91</u>
Net Ordinary Income	<u>6,951.30</u>	<u>4,108.58</u>
Other Income/Expense		

See Accountants' Compilation Report

Keep Pensacola Beautiful, Inc.
Statements of Activities - For Management Use Only
For the Years Ended September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Other Income		
Gain (Loss) on Asset Disposal	-	450.00
In-Kind Revenue		
Courts	93,508.29	204,285.78
Volunteers	35,800.40	60,707.88
Materials & Supplies	1,161.72	860.00
Services	5,400.00	6,800.00
Total In-Kind Revenues	<u>135,870.41</u>	<u>272,453.66</u>
Other Expense		
In-Kind Expenses		
Labor & Expertise	129,308.89	264,893.66
Materials & Supplies	6,561.72	7,460.00
Total In-Kind Expenses	<u>135,870.41</u>	<u>272,453.66</u>
Net Other Income	<u>-</u>	<u>450.00</u>
Net Income	<u>\$ 6,951.30</u>	<u>\$ 4,558.58</u>

See Accountants' Compilation Report

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.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 9/30, 2015

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

C Keep Pensacola Beautiful, Inc.
3303 N. Davis Hwy
Pensacola, FL 32503

D Employer identification number
59-1863230

E Telephone number
850-433-1178

G Gross receipts \$ 254,931.

F Name and address of principal officer:
Same As C Above

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

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

J Website: www.cleanandgreen.org **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1979 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To empower citizens to improve their community by focusing on individual and neighborhood responsibility.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 26

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6

6 Total number of volunteers (estimate if necessary) 6 2,552

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

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

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h).....	67,185.	97,268.
9 Program service revenue (Part VIII, line 2g).....	151,928.	157,663.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	450.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	219,563.	254,931.
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
14 Benefits paid to or for members (Part IX, column (A), line 4).....		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	116,050.	136,835.
16a Professional fundraising fees (Part IX, column (A), line 11e).....		
b Total fundraising expenses (Part IX, column (D), line 25) ▶.....		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	97,726.	108,394.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	213,776.	245,229.
19 Revenue less expenses. Subtract line 18 from line 12.....	5,787.	9,702.
Net Assets or Fund Balances		
20 Total assets (Part X, line 16).....	Beginning of Current Year 64,549.	End of Year 67,825.
21 Total liabilities (Part X, line 26).....	30,078.	23,652.
22 Net assets or fund balances. Subtract line 21 from line 20.....	34,471.	44,173.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____
 Type or print name and title: President

Paid Preparer Use Only

Print/type preparer's name: Regina W Baniakas CPA Regina W Baniakas CPA 11/29/2015 Check if self-employed PTIN: P00580897

Firm's name: BANIAKAS & ASSOCIATES, CPAS & BUSINESS ADVISORS, LLC Firm's EIN: 59-3689469

Firm's address: 120 S ALCANIZ STREET Phone no.: (850)-433-5645
PENSACOLA, FL 32502-6010

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

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To empower citizens to improve their community by focusing on individual and neighborhood responsibility.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 142,055. including grants of \$) (Revenue \$)

Monthly and weekly clean up and prevention programs, maintain litter barrels in parks and city. Provide education and participation on the prevention of litter.

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

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

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

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

4e Total program service expenses 142,055.

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

Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		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 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, Part 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

BAA

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

	1 a	1 b	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	26			
b Enter the number of voting members included in line 1a, above, who are independent.		26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8 a		X	
b Each committee with authority to act on behalf of the governing body?	8 b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		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?		
11 a 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. See Schedule O.		
12 a 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?		
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?		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. See Schedule O.	X	
b Other officers or key employees of the organization. See Schedule O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: FL
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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. See Schedule O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Gwinn Corley 3303 N Davis Hwy Pensacola FL 32503 (850) 433-1178

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Chips Kirschenfeld Past Chair	0 0						0.	0.	0.	
(2) Ron Butlin Board Member	1 0						0.	0.	0.	
(3) Daniel Fugate Board Member	2 0						0.	0.	0.	
(4) Sarah Cook Board Member	0 0						0.	0.	0.	
(5) Alexis Janosik Board Member	0 0						0.	0.	0.	
(6) Beth Bolles Board Member	1 0						0.	0.	0.	
(7) Jimmie Jarratt Board Member	0 0						0.	0.	0.	
(8) Robert Boykin Board Member	1 0						0.	0.	0.	
(9) Judge Ross M Goodman Board Member	1 0						0.	0.	0.	
(10) Beth Buckles Board Member	1 0						0.	0.	0.	
(11) Chasidy Hobbs Board Member	1 0						0.	0.	0.	
(12) Tena O'Daniel Board Member	0 0						0.	0.	0.	
(13) Victor McInnis Board Member	0 0						0.	0.	0.	
(14) Pat Johnson Board Member	1 0						0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Rob Magin Board Member	0 0						0.	0.	0.
(16) Norm Ross Board Member	1 0						0.	0.	0.
(17) Clark Merritt Board Member	1 0						0.	0.	0.
(18) Ginny Cannon Board Member	1 0						0.	0.	0.
(19) Ned McWilliams Board Member	1 0						0.	0.	0.
(20) Jerry Moore Board Member	0 0						0.	0.	0.
(21) Andy Terhaar Board Member	0 0						0.	0.	0.
(22) Gay Work Board Member	1 0						0.	0.	0.
(23) Marie Young Board Member	1 0						0.	0.	0.
(24) Curt Morse Chairman	2 0			X			0.	0.	0.
(25) Mike Wiggins Secretary	2 0			X			0.	0.	0.
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1 b and 1 c)							0.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.		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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	76,583.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	20,685.			
	g Noncash contributors included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		97,268.			
Program Services Revenue	2 a <u>Cnty & City Litter Barrel</u>	Business Code	111,908.	111,908.		
	b <u>Festivals & Special Event</u>		45,739.	45,739.		
	c <u>Recycling Income</u>		16.	16.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		157,663.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	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				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		254,931.	157,663.	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, 8b, and 18b 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.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	127,114.	58,294.	68,820.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	9,721.	4,301.	5,420.	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	3,600.		3,600.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,912.	6,456.	6,456.	
12 Advertising and promotion.				
13 Office expenses.	2,019.		2,019.	
14 Information technology.				
15 Royalties.				
16 Occupancy.	15,687.		15,687.	
17 Travel.	225.	225.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	789.	789.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,858.	12,623.	235.	
23 Insurance.	7,721.	7,721.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Auto Expense	14,761.	14,761.		
b Supplies	11,745.	11,745.		
c Festival & Special Events	9,781.	9,781.		
d Crew Equipment & Supplies	6,182.	6,182.		
e All other expenses.	10,114.	9,177.	937.	
25 Total functional expenses. Add lines 1 through 24e.	245,229.	142,055.	103,174.	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	10,751.	1	16,546.
	2 Savings and temporary cash investments	21,807.	2	30,152.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	125.	8	125.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 128,033.		
	b Less: accumulated depreciation	10b 107,232.	31,666.	10c 20,801.
	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	200.	15	201.
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,549.	16	67,825.	
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	30,078.	23	23,652.
	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	30,078.	26	23,652.
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	21,342.	27	22,700.
	28 Temporarily restricted net assets	13,129.	28	21,473.
	29 Permanently restricted net assets		29	
	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	34,471.	33	44,173.	
34 Total liabilities and net assets/fund balances.	64,549.	34	67,825.	

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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	254,931.
2	Total expenses (must equal Part IX, column (A), line 25)	2	245,229.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,702.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,471.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,173.

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?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

BAA

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Keep Pensacola Beautiful, Inc.

Employer identification number

59-1863230

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						

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

Schedule A (Form 990 or 990-EZ) 2014

Part I 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'.)	67,647.	92,353.	89,874.	68,455.	97,268.	415,597.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	67,647.	92,353.	89,874.	68,455.	97,268.	415,597.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						415,597.

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.	67,647.	92,353.	89,874.	68,455.	97,268.	415,597.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						415,597.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<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	100.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14.	15	99.97 %

16a **33-1/3% support test – 2014.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test – 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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



Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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	

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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in Part VI). See instructions.....	
7 Total annual distributions. Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.....	
9 Distributable amount for 2014 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2014:			
a.....			
b.....			
c.....			
d.....			
e From 2013.....			
f Total of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2014 distributable amount.....			
i Carryover from 2009 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2014 from Section D, line 7: \$.....			
a Applied to underdistributions of prior years.....			
b Applied to 2014 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a.....			
b.....			
c.....			
d Excess from 2013.....			
e Excess from 2014.....			

BAA

Part III **Supplemental information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

Keep Pensacola Beautiful, Inc.

59-1863230

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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' to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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

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

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

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		55,189.	36,839.	18,350.
e Other		72,844.	70,393.	2,451.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,801.

BAA

Part VIII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other.....		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part IX Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part X Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part XI Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes.....	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

Part VII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part VIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
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

Keep Pensacola Beautiful, Inc.

Employer identification number
59-1863230

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed during a monthly executive committee meeting by the executive committee for approval before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation is approved by the Executive Committee and the final vote is made by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation is approved by the Executive Committee and the final vote is made by the Board of Directors.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.

Client 1154

Keep Pensacola Beautiful, Inc.

59-1863230

11/24/15

08:53AM

**Form 990, Part III, Line 4e
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	142,055.	142,055.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	157,663.	Part VIII, Line 2, Col. A

**Form 990, Part IX, Line 11g
Other Fees For Services**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund-raising
Landrum Expenses	12,912.	6,456.	6,456.	0.
Total	\$ 12,912.	\$ 6,456.	\$ 6,456.	\$ 0.

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Charges	70.		70.	
Computer Expenses	2,409.	2,409.		
Contract Labor				
Dues and Memberships	860.	485.	375.	
Postage and Shipping	219.	178.	41.	
Printing and Publications	344.	344.		
Public Awareness	496.	496.		
Security	451.		451.	
Signs	500.	500.		
Targeted Cleanups	1,019.	1,019.		
Waste Disposal	3,746.	3,746.		
Total	\$ 10,114.	\$ 9,177.	\$ 937.	\$ 0.

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur. 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dep. Basis	Salvage /Basis /Reductn	Prior Dep.	Method	Life	Rate	Current Dep.
Form 990/990-PF															
31	Computer	12/21/12		398					398		207	200DB HY	5	.19200	76
32	New Computer/Printer	1/07/13		357					357		185	200DB HY	5	.19200	69
33	Epson Projector	1/22/13		469					469		244	200DB HY	5	.19200	90
	Total			1,224		0	0	0	1,224		636				235
ADP Equipment															
1	Computer # 2	4/01/02		1,067					1,067		1,067	200DB HY	5		0
	Total ADP Equipment			1,067		0	0	0	1,067		1,067				0
Office Equipment															
7	Copier	1/04/05		4,761					4,761		4,761	200DB HY	7		0
37	Printer	5/04/15		350					350		350	200DB MQ	5	.15000	53
38	LED Monitor	6/22/15		330					330		330	200DB MQ	5	.15000	50
	Total Office Equipment			5,441		0	0	0	5,441		4,761				103
Storage Buildings															
12	Storage Shed	6/30/03		1,769					1,769		1,769	200DB HY	7		0
	Total Storage Buildings			1,769		0	0	0	1,769		1,769				0
Tools and Equipment															
8	Traffic Cones	6/30/00		600					600		600	200DB HY	5		0
9	Billy Goat Vacuum	5/10/05		600					600		600	200DB HY	7		0

Client 1154

Keep Pensacola Beautiful, Inc.

59-1863230

11/24/15

08:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Curr 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dep. Basis	Salvage /Basis Reductn.	Prior Dep.	Method	Life	Rate	Current Depr.	
10	Chainsaw for IAP	7/03/06		132					132			2000B	MQ	5	0	
11	2 Shindawa Blowers	8/04/06		320					320			2000B	MQ	5	0	
26	Bobcat	3/03/08		26,121					26,121			2000B	HY	5	0	
28	Chain Saw	3/28/08		600					600			2000B	HY	5	0	
34	Ryobi Hand Blower	3/05/13		171					171			2000B	HY	5	33	
35	Backpack Blower	3/10/14		518					518			2000B	HY	5	166	
40	Blower	1/23/15		174					174			2000B	MQ	7	31	
				29,236		0	0	0	29,236	0					230	
Total Tools and Equipment																
Trailers																
13	Trailer	3/20/96		850					850			2000B	HY	5	0	
14	Trailer	9/05/96		830					830			2000B	HY	5	0	
25	Dump Trailer	1/31/08		5,940					5,940			2000B	HY	5	0	
30	Trailer	10/13/11		1,468					1,468			2000B	HY	5	169	
39	New Trailer	7/02/15		1,139					1,139			2000B	MQ	5	57	
Total Trailers				10,227		0	0	0	10,227	0						226
Vehicles Purchased																
24	2005 Ford F-350	1/25/08		26,399					26,399			2000B	HY	5	0	
27	Goose Neck Hitch	2/01/08		1,950					1,950			2000B	HY	5	0	
29	2011 Nissan Titan	12/28/11		25,030					25,030			2000B	HY	5	2,883	
36	Silverado Truck	3/28/14		28,691					28,691			2000B	HY	5	9,181	
Total Vehicles Purchased				82,070		0	0	0	82,070	0						12,064

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Exp.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dep. Bal.	Salvage /Basis Reductn.	Dep. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
Total Depreciation				131,034	0	0	0	0	0	0	131,034	97,374				12,858
Dep. Schedule Only																
Donated Assets																
2	97 Ford F250	11/30/01		6,100							6,100	6,100	2000B HY	5		0
3	97 Ford F250	11/30/01		6,100							6,100	6,100	2000B HY	5		0
4	Conference Table	3/20/04		3,000							3,000	3,000	2000B HY	7		0
5	Conference Chairs	3/20/04		320							320	320	2000B HY	7		0
6	4 Panel Display Stand	3/20/04		250							250	250	2000B HY	7		0
Total Donated Assets				15,770	0	0	0	0	0	0	15,770	15,770				0
Hurricane Replacement Items																
15	Office Furniture - Susan	9/09/05		497							497	497	2000B HY	7		0
16	Office Furniture	9/27/05		460							460	460	2000B HY	7		0
17	Office Furniture	9/28/05		790							790	790	2000B HY	7		0
18	Computer Desk, Furniture	6/14/06		307							307	307	2000B MQ	7		0
19	Desk & Chair	7/31/06		106							106	106	2000B MQ	7		0
20	HP Computer	6/30/06		101							101	101	2000B MQ	5		0
21	Lap Top Computer	6/30/06		377							377	377	2000B MQ	5		0
22	Computer (Components)	6/30/06		302							302	302	2000B MQ	5		0
Total Hurricane Replacement Items				2,940	0	0	0	0	0	0	2,940	2,940				0

9/30/15

2014 Federal Book Depreciation Schedule

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Client 1154

Keep Pensacola Beautiful, Inc.

59-1863230

11/24/15

08:53AM

No.	Description	Date Acquired	Date Sold	Bus. Prt.	Cost/ Basis	Cur. 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dep. Bal. Depr.	Salvage /Basis Reductio.	Dep. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
Theft Replacement Items																
23	Brush Cutter	9/30/06			2,000						2,000	2,000	2000B	MO	7	0
Total Theft Replacement Items																
					2,000	0	0	0	0	0	2,000	2,000				0
Total Depreciation																
					20,710	0	0	0	0	0	20,710	20,710				0
Grand Total Depreciation																
					151,744	0	0	0	0	0	151,744	118,084				12,898