





FISCAL YEAR 2017 – 2018 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 fully completed Agency Request Form
- A copy of your organization's current W-9
- A Letter of Determination from the IRS confirming your organization's federally tax exempt status
- A copy of your organization's 2015 or 2016 tax return
- A copy of your organization's most recent financial statements, with audit if applicable

Agency Name:

- Century Area Chamber of Commerce

Agency Address:

- 7811 N. Century Boulevard
- Century, FL 32535

Program Name:

- Miscellaneous Appropriations Agreement

Program Contact:

- Janet T. Etheridge ED Coordinator

Contact Email:

- Jtetheridge22@gmail.com

Contact Phone:

- 850-390-3936

25-Word Description of Program:

- The program will continue to build upon the foundation of accomplishments and continued implementation of the Town's Six Pillars ED Plan and growth of Chamber membership and business startups.



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

Amount Requested:

- \$55,000.00

Amount Received Last Year, if applicable:

- \$55,000

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

- Primary funding from past fiscal year went towards salaries for ED Coordinator and Office Coordinator, also to attend relevant ED symposiums as needed. We will continue to use the remaining balance for marketing, website management and other professional services as needed.

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- The funds will be used to continue economic development and coordination efforts to continue with the 6 Pillars ED Strategic Plan. To expand the attraction and retention of small businesses, enhance training opportunities for existing businesses, and to closely work regionally with our other ED organizations to develop partnerships and networking opportunities.

Explain how you are the best partnering agency for your program.

- The Century Area Chamber has a more of a hands-on opportunity due to geographic location, although Century receives invaluable participation and an open-door policy with Escambia County's Florida West EDA who cover ALL of Escambia County. Our partnership is mutually beneficial as we both have a particular niche, and are transparent and cooperative in the growth of jobs, business development, and workforce training. Century partners with several agencies in and outside of Century who are stakeholders to achieve a better quality of living in Century by offering much needed healthcare, workforce training, and increased areas of vocational training.

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

- The Town of Century provides in-kind funding in the form of office space, utilities, computer, and other office equipment upgrades. At this time, there are no other funding sources for EDC personnel to oversee office administration, accounting duties, and perform the job of ED Coordinator. The Chamber will work to identify any other funding sources to relieve the burden on Escambia County which faces budget challenges as we all do.

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:

- In current progress. See above.



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Provide “Specific and Measurable” metrics in the following three sections:

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

For example, “reduce homelessness in Escambia County by “X”%”

- Total Employment (Annual) from 39% to increase to 45%.
- Total number of business contacts inquiring about startups - from 4 to 10.
- Increase graduation levels by 9%.

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.”

- Total Job Openings last year were 5 according to Workforce Escarosa (WE). This year’s numbers from WE are currently 13. As of April 2017, we have one business opening which will provide up to 20 jobs for local residents.
- Last year’s housing starts were 4. With the new housing development of 50 units, it is a remarkable increase given the destruction of so many homes from last year’s tornado activity.
- # of visitors to the Chamber’s Welcome Center last year from 10/2015 to 9/2016 was 35. In the same time frame this year, the number of visitors has increased by 10%.

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.”

- Total of Job Openings
- Housing Starts
- Total of Business inquiries and start up assistance
-



FISCAL YEAR 2017 – 2018 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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources		1445	2500
Programmatic Income			
County Funding	40,000	55,000	55,000
City Funding			
State Funding			
Federal Funding			
Memberships	N/A	140	250
Investment Income			
Other Income		.02	.02
Total Income		56,585.02	57,750.02

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing			
Salaries and Wages	<u>40,000</u>	<u>58,600</u>	<u>58,600</u>
Employee Benefits			
Professional Services	<u>516.00</u>	<u>516</u>	<u>TBD – working on contract</u>
Contractual Services			
Travel Expenses		<u>250</u>	<u>1,000</u>
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Fuel			
Supplies			
Event Expenses		<u>873.45</u>	<u>1,000.00</u>
Other Expenses			
Capitalizable Assets/ Equipment			
Total Expenses	<u>40,516.00</u>	<u>60,239.45</u>	<u>60,600.00</u>
Net Income/Revenue minus Expense		<u>(3654.43)</u>	<u>(2849.98)</u>

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- N/A

Please explain any request listed in the “Other Expenses” line item.

- N/A

Supplemental Questions for the Century Chamber of Commerce

- Did the Chamber reduce the level of the taxpayer's subsidy this past Fiscal Year? No
- Did the Chamber seek out Grants? If so, how many were received? Yes. EDC researched grants available through Competitive Florida, deadline had passed but Century will submit a grant package to them in the next grant cycle.
- Did the Chamber increase chamber memberships? Yes. Approx. 6-7 new memberships.
- Did the Chamber create any new partnerships to generate support? Yes. The chamber reached out to Florida West EDA and Competitive Florida to form an alliance of support in all aspects of Economic Development. In addition, Chamber joined the local maritime industry organization, The Propeller Club, in order to garner interest in possible partnering on future port expansion in the form of an "inland port", which would basically consist of a large scale distribution and transportation hub utilizing rail, highways, available industrial sites, and available workforce.
- What was the return on the taxpayer investment/funding for the past Fiscal Year? Job creation
- What projects are in process? Development and execution of a comprehensive Business Survey to gauge SWOT data and fill in the needed gaps as determined by said survey.
- How many jobs have been generated? 53
- What are the six Economic Development Pillars, as mentioned in the application? See attached.

Town of Century, Florida

2014 Six Pillars Community Economic Development Strategic Plan: Overview of the Town's Vision and Mission Statements, Strategic Goals, and Objectives

Vision: The Town of Century will be the model for rural economic redevelopment, excelling in cultivating its workforce, facilitating the growth of regional industry, and enhancing the quality of life for its residents and the surrounding communities.

Mission: The Town of Century will act as a regional hub for interstate commerce that is sustained and cultivated through collaboration with its surrounding communities to become a transformative force for regional economic development.

Strategic Goals:

1. Lead the region in rural economic competitiveness.
2. Lead the region in rural community revitalization.
3. Lead the region in the development and delivery of innovative and relevant workforce training programs.

Objectives:

1. Cultivate and support sustainable employment opportunities for the residents of Century.
2. Create an environment that is conducive for business/industry recruitment, retention, and expansion.
3. Increase Century's attractiveness to workers, residents, and visitors.
4. Foster and support an entrepreneurial environment.
5. Restore Century's sense of civic pride.
6. Promote Century's cultural, historical, and recreational assets.

Town of Century: 2014 Six Pillars Community Economic Strategic Plan

Pillar: Talent Supply and Education

Vision: The Town of Century will be the model for rural economic redevelopment, excelling in cultivating its workforce, facilitating the growth of regional industry, and enhancing the quality of life for its residents and the surrounding communities.

Relevant Goals:

Goal #1 – Lead the region in rural economic competitiveness.

Goal #3 – Lead the region in the development and delivery of innovative and relevant workforce training programs.

Relevant Objectives:

Objective #1 – Cultivate and support sustainable employment opportunities for the residents of Century.

Objective #2 – Create an environment that is conducive for business/industry recruitment, retention, and expansion.

Objective #3 – Increase Century's attractiveness to workers, residents, and visitors.

Tactics:

1. Identify, promote, and advertise programs and financial aid opportunities that are already present at Century's Pensacola State College Campus, Northview High School, Automation and Production Technology Academy, and Ernest Ward Middle School.
2. Work with Century's Pensacola State College Campus to promote and recruit participation in locally administered financial literacy programs.
3. Offer and promote literacy, computer literacy, job preparedness classes/seminars, and "soft skill" training through Pensacola State College, local agencies, and area churches.
4. Invite regional prosperity (anti-poverty) initiatives to provide the Town with training/educational seminars on how to approach the Town's high levels of poverty.
5. Continue to develop partnerships with regional organizations, which provide financial assistance and educational programs to low-income households.
6. Facilitate conversations between Northview High School, Pensacola State College, and the Town to implement mentoring and tutoring programs, which target potential at-risk graduates.
7. Develop or identify local and regional youth mentorship programs designed to prevent at-risk graduates.
8. Work with regional businesses to place and mentor Century's Pensacola State College Campus graduates in electrical, nursing, welding, cosmetic arts, and hospitality management.
9. Work with Pensacola State College to offer support in implementing needed training programs, such as in Plumbing and Heating, Ventilation, and Air Condition (HVAC).

Town of Century: 2014 Six Pillars Community Economic Strategic Plan

Pillar: Innovation and Economic Development

Vision: The Town of Century will be the model for rural economic redevelopment, excelling in cultivating its workforce, facilitating the growth of regional industry, and enhancing the quality of life for its residents and the surrounding communities.

Relevant Goals:

Goal #1 – Lead the region in rural economic competitiveness.

Goal #2 – Lead the region in the development and delivery of innovative and relevant workforce training programs.

Relevant Objectives:

Objective #1 – Cultivate and support sustainable employment opportunities for the residents of Century.

Objective #2 – Create an environment that is conducive for business/industry recruitment, retention, and expansion.

Objective #3 – Increase Century's attractiveness to workers, residents, and visitors.

Objective #4 – Foster and support an entrepreneurial environment.

Tactics:

1. Identify and target regional industries/supporting industries that may complement already established clusters within the region.
2. Solicit input from local/regional businesses for developing regional marketing efforts.
3. Develop an aggressive marketing campaign which promotes Century's existing locational and infrastructural assets. This campaign should be targeted to regional/national/global industries, which find Century's assets advantageous, and should be promoted via regional trade summits, regional trade associations, and by developing relationships with regional industry leaders.
4. Continue to develop collaborative partnerships with regional economic development organizations in order to leverage regional resources for industry recruitment.
5. Host local business plan competitions to incentivize local entrepreneurial activity.
6. Work with regional partners to promote existing and/or introduce new microloan programs, thus providing capital to local entrepreneurs.
7. Promote the region's innovative training programs at both Pensacola State College and Northview High School by incorporating them into the Town's website, newsletter, and other promotional materials.
8. Identify and pursue strategies to develop local daycare programs, which would allow single parent households to enter the workforce.
9. Create a "Memorandum of Understanding" between other regional communities (Flomaton, Atmore, Jay, Dothan, etc.) and the Town of Century to solidify future economic development partnerships, which leverage regional resources and develop regional approaches to workforce development and industry recruitment.

Town of Century: 2014 Six Pillars Community Economic Strategic Plan

Pillar: Infrastructure and Growth Leadership

Vision: The Town of Century will be the model for rural economic redevelopment, excelling in cultivating its workforce, facilitating the growth of regional industry, and enhancing the quality of life for its residents and the surrounding communities.

Relevant Goals:

Goal #1 – Lead the region in rural economic competitiveness.

Goal #2 – Lead the region in rural community revitalization.

Relevant Objectives:

Objective #2 – Create an environment that is conducive for business/industry recruitment, retention, and expansion.

Objective #3 – Increase Century's attractiveness to workers, residents, and visitors.

Tactics:

1. Continue to pursue rehabilitation and beautification grants, which increase Century's curb appeal for residents, visitors, and potential investors.
2. Reach out to area broadband providers to encourage expanding their broadband footprint into Century. The Town and potential broadband partners need to investigate whether improving broadband service by expanding their fiber optic network in Century would meet the requirements for the Rural Utilities Service Telecommunications Program (RUSTP).
3. Pursue grant funding through the Broadband "Community Connect" Grant Program for developing a community technology center, which reuses, or enhances, existing community facilities; whereby providing residents with access to online technologies.
4. Work with the Escambia County School District and local Internet service providers to pursue "Connect2Compete" high speed internet subsidies for qualified low income households.
5. Conduct a community workshop to better understand Century's mass transit needs, focusing on the needs of low income residents. It is recommended to include Santa Rosa County, FL and Escambia County, AL in the discussion, with the intention of generating cross border ideas on satisfying transportation needs for residents who can obtain work in the surrounding region.
6. Conduct an annexation study, which identifies the cost/benefit factors of expanding the Town's limits.
7. Continue to pursue housing rehabilitation grants from both state and federal sources with a focus on low income residents.

Town of Century: 2014 Six Pillars Community Economic Strategic Plan

Pillar: Business Climate and Competitiveness

Vision: The Town of Century will be the model for rural economic redevelopment, excelling in cultivating its workforce, facilitating the growth of regional industry, and enhancing the quality of life for its residents and the surrounding communities.

Relevant Goals:

Goal #1 – Lead the region in rural economic competitiveness.

Goal #3 – Lead the region in the development and delivery of innovative and relevant workforce training programs.

Relevant Objectives:

Objective #1 – Cultivate and support sustainable employment opportunities for the residents of Century.

Objective #2 – Create an environment that is conducive for business/industry recruitment, retention, and expansion.

Objective #3 – Increase Century's attractiveness to workers, residents, and visitors.

Objective #4 – Foster and support an entrepreneurial environment.

Tactics:

1. Engage the Florida Small Business Development Network and regional business leaders to develop a mentorship program for aspiring entrepreneurs and small business owners.
2. Partner with the Small Business Development Center and Pensacola State College's Corporate Education Center to provide support and training to local businesses and future entrepreneurs.
3. Pursue regular visits by the Florida Small Business Development Network's Mobile Business Assistance Centers.
4. Pursue grant funds that will assist the Town in staffing the small business incubator.
5. Engage Escambia and Santa Rosa counties to develop a regional small business incubator partnership.
6. Investigate industry preparedness programs, which can help determine the Town's readiness for industry recruitment.
7. Recognizing Century fails to capture business from visitors to the area, conducting a feasibility study for a possible hotel/motel in the area may provide support for establishing lodgings in the Town.
8. Work with Pensacola State College to staff and co-host agriculture and "Farmers Market University" programs, which offer short seminars on entrepreneurialism, law, business strategies, and technology.
9. Create streamlined, transparent, and user-friendly government processes required to start-up, relocate or expand a business, including home-based businesses.

Town of Century: 2014 Six Pillars Community Economic Strategic Plan

Pillar: Civic and Governance Systems

Vision: The Town of Century will be the model for rural economic redevelopment, excelling in cultivating its workforce, facilitating the growth of regional industry, and enhancing the quality of life for its residents and the surrounding communities.

Relevant Goals:

Goal #3 – Lead the region in rural community revitalization.

Relevant Objectives:

Objective #3 – Increase Century’s attractiveness to workers, residents, and visitors.

Objective #5 – Restore Century’s sense of civic pride.

Objective #6 – Promote Century’s cultural, historical, and recreational assets.

Tactics:

1. Pursue funding opportunities to implement an emergency alarm system.
2. Work with community leaders to increase participation in local government.
3. Effectively promote and distribute Town newsletter email, website, and social media.
4. Regularly update the Town’s online calendar, keeping the Town up-to-date on public meetings, events, etc.
5. Publish minutes of the Town Council’s meetings online to increase transparency of local governance.
6. Broadcast Town council meetings online and/or via ECTV.
7. Encourage community leaders to write brief editorials in the region’s local news outlets, which tackle topics like trust in local government, governmental accountability, and other “hot topics” that are important to the Council, the Mayor, and the community at large.
8. Institute a Youth Leadership Training Program for Century’s adolescent population in order to develop future community leaders.
9. Regular presence at Escambia County meetings (County Commission, RESTORE Advisory Committee, etc.).

Town of Century: 2014 Six Pillars Community Economic Strategic Plan

Pillar: Quality of Life and Quality Places

Vision: The Town of Century will be the model for rural economic redevelopment, excelling in cultivating its workforce, facilitating the growth of regional industry, and enhancing the quality of life for its residents and the surrounding communities.

Relevant Goals:

Goal #2 – Lead the region in rural community revitalization.

Relevant Objectives:

Objective #3 – Increase Century's attractiveness to workers, residents, and visitors.

Objective #5 – Restore Century's sense of civic pride.

Objective #6 – Promote Century's cultural, historical, and recreational assets.

Tactics:

1. Increase Century's presence on social media, including news from the Town, Century Chamber of Commerce, and Alger Sullivan Historical Society.
2. Promote area's cultural and recreational resources via Visit Pensacola, the Greater Pensacola Chamber, and Florida's Great Northwest.
3. Engage the UWF Historic Trust to preserve, enhance, and promote the Town's historic assets.
4. Modernize the Alger Sullivan Historical Society's webpage by connecting the Society to marketing and computer design majors in need of capstone projects at Pensacola State College or the University of West Florida.
5. Organize more community days where the Town celebrates a community event, much like Saw Mill Day. This tactic is two-fold: 1) to attract out-of-town dollars to the local economy and 2) to develop relationships (increase trust) between different segments of the community.
6. Work with area schools and churches to bring youth-based activities back within the Town limits.
7. Collaborate with regional partners on ways of increasing the presence of public health services.

Business name/disregarded entity name, if different from above

☐ Exempt payee

Requester's name and address (optional)

List account number(s) here (optional)

Social security number	
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Employer identification number

5	9	-	2	9	3	1	6	5	0
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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.

Signature of
U.S. person ►

Date ►

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.

Century Area Chamber of Commerce
FINANCIAL STATEMENT
October 2016

INCOME-CHECKING #4:

Fall Festival Booths	\$255.00
Fall Festival Sponsors- Pen Air FCU	\$250.00
Christmas Parade Sponsor- Pen Air FCU	\$250.00
Membership Dues-Century Lodge	<u>\$50.00</u>
TOTAL INCOME	\$805.00

INCOME-CHECKING # 5:

Escambia County Grant	<u>6,666.66</u>
TOTAL INCOME	\$6,666.66

EXPENSES-CHECKING # 4:

Town of Century Monthly Service	\$22.90
Republic Services	\$26.46
AT & T	\$104.72
Gulf Power	\$79.28
Fall Festival Band	\$250.00
AT & T	<u>\$40.00</u>
TOTAL EXPENSES	\$523.36

EXPENSES-CHECKING # 5:

Edna Barnes/ Sep Salary	<u>\$100.00</u>
TOTAL EXPENSES	\$100.00

FUNDS ON DEPOSIT

Membership/Savings	\$26.63
Primary Checking- #4	\$4,695.56
Secondary Checking- #5	<u>\$7313.17</u>

TOTAL FUNDS ON DEPOSIT	\$12,035.36
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**Century Area Chamber of Commerce
FINANCIAL STATEMENT
November 2016**

INCOME-CHECKING #4:

TOTAL INCOME	\$0.00
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INCOME-CHECKING # 5:

Escambia County Grant	<u>\$3,333.33</u>
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TOTAL INCOME	\$3,333.33
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EXPENSES-CHECKING # 4:

Town of Century Monthly Service	\$22.90
Republic Services	\$26.53
AT & T	\$104.63
Gulf Power	\$67.54
AT & T	\$40.00
PostMaster	<u>\$66.00</u>

TOTAL EXPENSES	\$327.60
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EXPENSES-CHECKING # 5:

Janet Etheridge/Economic Development-Oct Salary	\$3,333.33
Edna Barnes- Oct Salary	<u>\$100.00</u>

TOTAL EXPENSES	\$3,433.33
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FUNDS ON DEPOSIT

Membership/Savings	\$26.63
Primary Checking- #4	\$4,367.96
Secondary Checking- #5	<u>\$7,213.17</u>

TOTAL FUNDS ON DEPOSIT	\$11,607.76
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**Century Area Chamber of Commerce
FINANCIAL STATEMENT
December 2016**

INCOME-SAVINGS #01-DIVIDENDS

.01

INCOME-CHECKING #4:

Breitburn Operating LP-Christmas Sponsor	\$550.00
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TOTAL INCOME	\$550.00
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INCOME-CHECKING # 5:

TOTAL INCOME	\$0.00
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EXPENSES-CHECKING # 4:

Town of Century Monthly Service	\$22.90
Republic Services	\$27.42
AT & T	\$104.65
AT & T	\$40.00
Gulf Power	\$108.92
Mary Bourgeois-cookies	\$23.99
Ricky Crook-Band for Christmas Festival	\$400.00
Ashley Sutton-Movie Screen for Christmas Festival	\$250.00
Edna Barnes-Christmas Open House & supplies	<u>\$199.46</u>
TOTAL EXPENSES	\$1,177.34

EXPENSES-CHECKING # 5:

Janet Etheridge- Bus Economic Dev/ Nov Salary	\$3,333.33
Janet Etheridge- Bus Economic Dev/ Dec Salary	\$3,333.33
Edna Barnes- Nov Salary	<u>\$100.00</u>
TOTAL EXPENSES	\$6,766.66

FUNDS ON DEPOSIT

Membership/Savings	\$26.64
Primary Checking- #4	\$3,740.62
Secondary Checking- #5	<u>\$446.51</u>
TOTAL FUNDS ON DEPOSIT	\$4,213.77

Century Area Chamber of Commerce
FINANCIAL STATEMENT
January 2017

INCOME-SAVINGS #01:

.00

INCOME-CHECKING #4:

Jannat LLC- Membership Dues	\$50.00
Christmas Parade Entry Fees	<u>\$40.00</u>

TOTAL INCOME	\$90.00
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INCOME-CHECKING # 5:

Escambia County Grant	<u>\$6666.66</u>
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TOTAL INCOME	\$6666.66
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EXPENSES-CHECKING # 4:

Town of Century Monthly Service	\$22.90
Republic Services	\$27.92
AT & T	\$104.65
AT & T	\$40.00
Gulf Power	\$136.81
Harris Business Machines	<u>\$35.77</u>

TOTAL EXPENSES	\$368.05
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EXPENSES-CHECKING # 5:

Paula Byrd – Getting Ahead Reimbursement	\$61.69
Edna Barnes -	<u>\$100.00</u>

TOTAL EXPENSES	\$161.69
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FUNDS ON DEPOSIT

Membership/Savings	\$26.64
Primary Checking- #4	\$3,462.57
Secondary Checking- #5	<u>\$6951.48</u>

TOTAL FUNDS ON DEPOSIT	\$10,440.69
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**Century Area Chamber of Commerce
FINANCIAL STATEMENT
February 2017**

INCOME-SAVINGS #01:

.00

INCOME-CHECKING #4:

TOTAL INCOME

\$0.00

INCOME-CHECKING # 5:

TOTAL INCOME

\$0.00

EXPENSES-CHECKING # 4:

Town of Century Monthly Service	\$22.90
Republic Services	\$28.10
AT & T	\$104.47
AT & T	\$40.00
Gulf Power	<u>\$86.57</u>

TOTAL EXPENSES

\$282.04

EXPENSES-CHECKING # 5:

Janet Etheridge – Bus Economic Dev/Jan Salary	\$3333.33
Janet Etheridge – Bus Economic Dev/ITen Conference	\$249.00
Edna Barnes – Jan Salary	<u>\$100.00</u>

TOTAL EXPENSES

\$3,682.33

FUNDS ON DEPOSIT

Membership/Savings	\$26.64
Primary Checking- #4	\$3,180.53
Secondary Checking- #5	<u>\$3,269.15</u>

TOTAL FUNDS ON DEPOSIT

\$6,476.32

**Century Area Chamber of Commerce
FINANCIAL STATEMENT
March 2017**

INCOME-SAVINGS #01:

.01

INCOME-CHECKING #4:

TOTAL INCOME	\$0.00
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INCOME-CHECKING # 5:

Escambia County Grant	<u>\$3333.33</u>
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TOTAL INCOME	\$3333.33
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EXPENSES-CHECKING # 4:

Town of Century Monthly Service	\$22.90
Republic Services	\$28.09
AT & T	\$104.70
AT & T	\$40.00
Gulf Power	\$77.40
Harris Business Machines	\$35.77
Edna Barnes-Chamber Supplies	\$116.20
Freddie McCall- Supplies	\$42.21
Flomaton Trophy Shop-Banquet Plaques	\$77.85
Flomaton Chamber- Banquet tickets	<u>\$270.00</u>

TOTAL EXPENSES	\$815.12
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EXPENSES-CHECKING # 5:

Janet Etheridge – Bus Economic Dev/Feb Salary	\$3333.33
Edna Barnes – Feb Salary	<u>\$100.00</u>

TOTAL EXPENSES	\$3,433.33
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FUNDS ON DEPOSIT

Membership/Savings	\$26.65
Primary Checking- #4	\$2,365.41
Secondary Checking- #5	<u>\$3,169.15</u>

TOTAL FUNDS ON DEPOSIT	\$5,561.21
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2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29741

Entity Name: CENTURY CHAMBER OF COMMERCE INCORPORATED**Current Principal Place of Business:**7811 NORTH CENTURY BLVD
CENTURY, FL 32535**Current Mailing Address:**P.O. BOX 857
CENTURY, FL 32535**FEI Number:** 59-2931610**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCALL, FREDDIE P
9500 SHADY LN
CENTURY, FL 32535 US

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

SIGNATURE: FREDDIE MCCALL

04/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, BOARD OF DIRECTORS
Name MCCALL, FREDDIE
Address 9500 SHADY LN
City-State-Zip: CENTURY FL 32535

Title VP, BOARD OF DIRECTORS
Name BOURGEOUS, MARY
Address 7241 N CENTURY BLVD
City-State-Zip: CENTURY FL 32535

Title TREASURER, BOARD OF DIRECTORS
Name KELLEY, ANGIE
Address 8460 N CENTURY BLVD
City-State-Zip: CENTURY FL 32535

Title SECRETARY, BOARD OF DIRECTORS
Name GODWIN, KIMBERLY
Address 5090 N HWY 99
City-State-Zip: CENTURY FL 32535

Title BOARD OF DIRECTORS
Name JETER, CATHARINE
Address 8120 NORTH CENTURY BLVD.
City-State-Zip: CENTURY FL 32535

Title BOARD OF DIRECTORS
Name BYRD, PAULA
Address 440 HECKER RD.
City-State-Zip: CENTURY FL 32535

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

SIGNATURE: ANGIE KELLEY

TREASURER

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date

Florida Department of State

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /**Detail by Document Number**

Florida Not For Profit Corporation

CENTURY CHAMBER OF COMMERCE INCORPORATED

Filing Information

Document Number	N29741
FEI/EIN Number	59-2931610
Date Filed	12/15/1988
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	07/06/2004

Principal Address

7811 NORTH CENTURY BLVD
CENTURY, FL 32535

Changed: 07/06/2004

Mailing Address

P.O. BOX 857
CENTURY, FL 32535

Changed: 07/06/2004

Registered Agent Name & Address

MCCALL, FREDDIE, P
9500 Shady Ln
CENTURY, FL 32535

Name Changed: 04/04/2017

Address Changed: 04/04/2017

Officer/Director Detail**Name & Address**

Title President, Board of Directors

MCCALL, FREDDIE
9500 Shady Ln
CENTURY, FL 32535

Title VP, Board of Directors

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2016

Open to Public Inspection

A For the 2016 Calendar year, or tax year beginning 2016-01-01 and ending 2016-12-31

B Check if available

☐ Terminated for Business☒ Gross receipts are normally \$50,000 or less

C Name of Organization: CENTURY AREA CHAMBER OF

COMMERCE

P.O. Box 657, Century, FL

US, 32535

D Employee Identification

Number 20-4114794

E Website:

F Name of Principal Officer: Freddie McCall

P.O. Box 657, Century, FL

US, 32535

Information Copy.
Do Not Send to IRS.

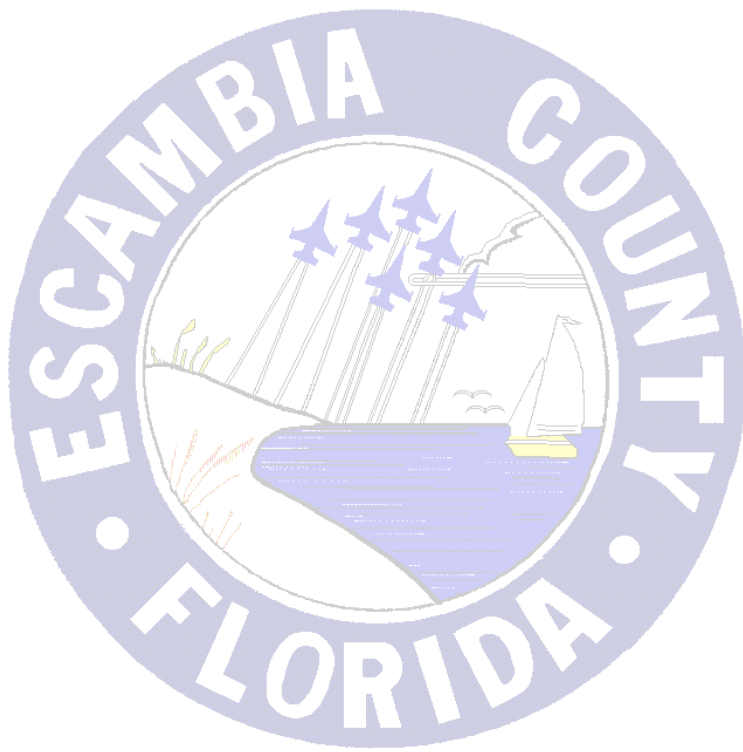
Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

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

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

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

File for our records
Juslin





FISCAL YEAR 2017 – 2018 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 2015 or 2016 tax return
- A letter of determination from the IRS confirming your organization's federally tax exempt status

Agency Name: Gulf Coast African American Chamber of Commerce

•

**Agency Address: 945 W. Main St., Ste. 12B
Pensacola, FL 32505**

•

Program Name: Diversity & Economic Development

•

Program Contact: Angelena Wheat

•

Contact Email: awheat@gcaacc.info

•

Contact Phone: 850.438.3993

•

25-Word Description of Program: The Gulf Coast African American Chamber of Commerce (GCAACC) serves as a resource center for Small Minority Owned Businesses, Business Professionals and Non-Profit Organizations in Pensacola, Florida area and surrounding Escambia Counties.

•

Amount Requested: \$60,000.00

•

Amount Received Last Year, if applicable: \$50,000.00

•



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

- The Funding were used to pay the staff for the day-to-day operation of the Gulf Coast African American Chamber of Commerce. The staff is the key component to ensuring that the mission of the GCAACC is carried out.

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- The Funding we are currently requesting will be used to pay the staff for the day-to-day operation of the Gulf Coast African American Chamber of Commerce. Our program offer resources through workshops, seminars, training, mentoring programs, consulting and technical assistance to the members of the GCAACC. The GCAACC is a eight-teen year old organization and a vital part of our community in Pensacola and surrounding areas. The Chamber actively promotes the expansion of business opportunities in the County through workshops, seminars training, mentoring programs, consulting and technical assistance. Because, of the opportunities with offer through the Chamber, we feel this is an asset to Escambia County.

Explain how you are the best partnering agency for your program.

- The Gulf Coast African Chamber of Commerce plays a vital role in the community. Minority Business Owners and Business Professionals utilize our services to assist them in growing their business; marketing their brand and taking advantage of opportunities that are offered to enhance their business and increase their revenue. The partnership we have with Escambia County allows us to offer the services that we rendered. We are the ONLY organization of this kind that offer services to minority owned small businesses, business professionals, non-profits and corporate companies.

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

- We will offset the difference with other sources of income:
 1. Annual Membership/Corporate Membership
 2. Annual Guide and Business Directory
 3. Annual Community Awards Ceremony

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

Provide "Specific and Measurable" metrics in the following three sections:

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

For example, "reduce homelessness in Escambia County by "X"%"

- 1. Providing training and resources to Minority Businesses to increase economic development.
- 2. Increase Minority Business Engagement with Government Agencies.
- 3. Providing workshops on lending from financial institutions.



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

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

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

- 1. Over 2500 Business Owners were informed on marketing business/brand through social media.
- 2. Over 500 Business Owners attended workshops on lending, crown funding and working with financial institutions. Attendees received information regarding SBA (Small Business Administration), Doing with the Business with the State of Florida, City of Pensacola, Escambia County and business with a variety of Corporate and small businesses.
-

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

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

- There is currently no baseline statics for Escambia County minority business development and growth.

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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources			
Programmatic Income	\$32,000.00	\$32,000.00	\$32,000.00
County Funding	\$50,000.00	\$50,000.00	\$60,000.00
City Funding	\$25,000.00	\$25,000.00	\$25,000.00
State Funding			
Federal Funding			
Memberships	\$19,500.00	\$19,500.00	\$20,000.00
Investment Income			
Other Income			
Total Income	\$126,500.00	\$126,500.00	\$137,000.00



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	\$78,717.50	\$78,717.50	\$78,717.50
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services	\$5,000.00	\$5,000.00	\$5,000.00
Travel Expenses			
Rentals and Leases	\$11,610.00	\$11,610.00	\$11,610.00
Communication			
Postage and Freight	\$300.00	\$300.00	\$300.00
Repair and Maintenance			
Printing and Binding	\$2,500.00	\$2,500.00	\$2,500.00
Marketing and Promotion	\$8,400.00	\$8,400.00	\$8,400.00

Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Fuel			
Supplies	\$1,000.00	\$1,000.00	\$1,000.00
Other Expenses			
Capitalizable Assets/ Equipment			
Total Expenses	\$107,527.50	\$107,527.50	\$107,527.50
Net Income/Revenue minus Expense	\$18,972.50	\$18,972.50	\$29,472.50

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- N/A

Please explain any request listed in the "Other Expenses" line item.

- N/A

PLEASE NOTE: For the purpose of this report the definition of Minority is classified as African American, All ethnicities of Women, Asian, Hispanics, and Native American.

- **List tangible growth in minority businesses over time.**

In comparison to data from the 2007 Small Business Ownership Survey, the biggest increase in Florida business ownership occurred among minorities. Minority business ownership increased from 33.8 percent to 44.4 percent. The second most significant increase in Florida business ownership occurred among female-owned businesses, which increased from 28.9 percent to 38.7 percent between 2007 and 2012.

GCAACC has been instrumental in helping to develop and foster minority businesses in Escambia County.

- **Provide statistics and number of new businesses over last several years.**

According to the U.S. Small Business Administration Office of Advocacy, the number of small businesses in Florida with employees totaled 404,951 with total employment of just over three million workers. The number of small businesses without employees (self-employed individuals) was 1,775,605. Combined, Florida's small businesses accounted for 56 percent of all business employment;

- **Provide number of increased membership for the Chamber over last several years.**

2014 – 7 members (**before receiving funding from Escambia County**)

2017 – 140 members

- **Provide any associated statistics.**

According to preliminary data released by the U.S. Census Bureau's 2012 Small Business Ownership Survey, male owned businesses continue to own the majority of Florida businesses, at 52.2 percent. However, female-owned businesses and minority-owned businesses were gaining; respectfully Veteran business ownership remained stable at just below 9 percent for the same period.

- **What was the return on the tax payer investment (funding)?**

Increasing gross sales of minority owned businesses, closing the ALICE gap and increasing diversity.

- **List all accomplishments.**

Businesses that have received growth with the GCAACC:

D&J Favorite Thing LLC.- Started business in 2014, Launched business at GCAACC Home office as a virtual business (no building - no employees) Status as of today: Brick & mortal with 1 employee.

Key Two Success Digital Design- Started business 2013, (no building - no employees). Status as of today: Brick & Mortal with 2 pt employees.

DK Promotions started business in 2010 (no building – no employees). Brick & Mortal business opened 2016 with 1 employee.

Giant Productions Inc. started business 2014 (no building – no employees) opened brick & Mortal in 2016 with 5 employees.

My Brothers & Sister Inc.- With the resources the GCAACC has provided. The organization has serviced over 5,000 families in Escambia County and has received over \$50,000 in funding. Opened an office in 2015 to better service clients.

- **List projects with outcomes and successes.**

We partnered with the State of Florida Officer of Supplier Diversity, City of Pensacola and participation from Escambia County purchasing department. Over 130 residents and business owners attended this event. Outcome & Success - An education reach of 1000 or more on were informed on Government purchasing.

Community Awards - This event allowed us to highlight diversity and inclusion among minority owned small businesses.

Guide & Business Directory - With tourism being the number one economic driver in the State of Florida, the GCAACC showcased Escambia County ethnic and diverse culture through the pages of the Annual Guide and Business Directory.

- **How are the citizens getting value versus County for the same money?**

The GCAACC is helping Minority owned business to grow therefore closing the ALICE Gap, decreasing public dependency, increasing economic growth and job creation.

- **What issue is your Agency trying to solve?**

The GCAACC is helping minority owned small business to increase Gross Sales.

See statics below from the U.S. Census Bureau's 2012 Small Business Ownership Survey for Escambia County:

All White Firms Sales, receipts, or value of shipments of firms with or without paid employees gross \$6,516,034.00 vs Minority Owned Businesses \$98,560.00.

We're assisting in closing the NEGATIVE \$6,417,474.00 dollar gap in gross sales for minority owned firms in Escambia County.

- **Address the Pockets of Poverty study in relation to the Alice threshold (disposable family income levels) and how is your function lifting our citizens?**

According to United Way 2014 ALICE report, improvement in income opportunities would enable ALICE households to afford basic necessities, build savings, and become financially independent. Reducing the number of ALICE households requires a significant increase in the wages of current jobs or in the number of medium- and high-skilled jobs in both the public and private sectors in Florida. Structural economic changes would significantly improve the prospects for ALICE and enable hardworking households to support themselves.

- Asians account for 2 percent of total households, 2 percent of ALICE households, and 1 percent of poverty households
- Blacks account for 14 percent of total households, 18 percent of ALICE households, and 21 percent of poverty households
- Hispanics account for 18 percent of total households, 24 percent of ALICE households, and 20 percent of poverty households
- Native Americans account for only 0.3 percent of households; there is insufficient data to accurately calculate their household income status

The GCAACC address Alice by providing resources for minority owned business. By providing these resources we close the gap of small business owner failing and increasing the household income.

- **Address the underemployment issue and employment rates**


Because of the resources and success of the GCAACC Minority owned small business have and continue to employ residents of Escambia, while improving the economic conditions of their own family.

- **Use of economics and statistics to support the Chamber's activities.**

Please see statistics throughout the report.

CINCINNATI OH 45999-0038

In reply refer to: 0248404892
Sep. 17, 2013 LTR 4168C 0
59-3681641 000000 00
00016029
BODC: TE


GULF COAST AFRICAN AMERICAN CHAMBER
OF COMMERCE
% HENRY HARRIS
PO BOX 18432
PENSACOLA FL 32523

025766

Employer Identification Number: 59-3681641
Person to Contact: Jeff Seibert
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 06, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(6) of the Internal Revenue Code in a determination letter issued in December 2000.

Because you are not an organization described in section 170(c) of the Code, donors may not deduct contributions made to you. You should advise your contributors to that effect.

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.

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

Sincerely yours,



Richard McKee, Department Manager
Accounts Management Operations



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364799
July 24, 2009 LTR 4168C E0
59-3681641 000000 00

00015633

BODC: TE

GULF COAST AFRICAN AMERICAN CHAMBER
OF COMMERCE
% HENRY HARRIS
PO BOX 17844
PENSACOLA FL 32501



028693

Employer Identification Number: 59-3681641-55#
Person to Contact: Mrs K. Hopton
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 15, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in December 2000, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(06) of the Internal Revenue Code.

Because you are not an organization described in section 170(c) of the Code, donors may not deduct contributions made to you. You should advise your contributors to that effect.

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

Sincerely yours,

436-4768
Michele M. Sullivan

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

Short Form**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2015**Open to Public Inspection**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 10/1/2015, and ending 9/30/2016															
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization GULF COAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td colspan="2">P O BOX 18432</td> </tr> <tr> <td>City or town</td> <td>State ZIP code</td> </tr> <tr> <td>PENSACOLA</td> <td>FL 32523</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county Foreign postal code</td> </tr> <tr> <td colspan="2"></td> </tr> </table>	C Name of organization GULF COAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		P O BOX 18432		City or town	State ZIP code	PENSACOLA	FL 32523	Foreign country name	Foreign province/state/county Foreign postal code		
C Name of organization GULF COAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC															
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite															
P O BOX 18432															
City or town	State ZIP code														
PENSACOLA	FL 32523														
Foreign country name	Foreign province/state/county Foreign postal code														
D Employer identification number 59-3681641															
E Telephone number (850) 438-3993															
F Group Exemption Number ▶															
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ I Website: ▶ WWW.GCAACC.INFO															
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).															
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527															
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other															
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 130,847															

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		
	2	Program service revenue including government fees and contracts		115,156
	3	Membership dues and assessments		15,691
	4	Investment income		
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	130,847	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	2,959
	12	Salaries, other compensation, and employee benefits	12	69,954
	13	Professional fees and other payments to independent contractors	13	2,400
	14	Occupancy, rent, utilities, and maintenance	14	15,331
	15	Printing, publications, postage, and shipping	15	3,905
	16	Other expenses (describe in Schedule O)	16	31,205
	17	Total expenses. Add lines 10 through 16 ▶	17	125,754
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,093
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9,861
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,106
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	18,060

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.		
37 b Did the organization file Form 1120-POL for this year?		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.		
b Gross receipts, included on line 9, for public use of club facilities.		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed.		
42 a The organization's books are in care of <u>GULF COAST AFRICAN AMERICAN CHAM</u> Telephone no. <u>850-438-3993</u> Located at <u>945 MICHIGAN AVE STE 12B</u> City <u>PENSACOLA</u> ST <u>FL</u> ZIP + 4 <u>32505</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>	Yes	No
42 b		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <u></u>	Yes	No
42 c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44 d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X
45 b		X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

GULF COAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC

Employer identification number

59-3681641

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 19,961

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 2,294

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Service Charge: 1,221

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 673

Form 990-EZ, Part I, Line 16, Other Expenses: Administrative Expense: 6,446

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions: 190

Form 990-EZ, Part I, Line 16, Other Expenses: Training Cost: 420

Form 990-EZ, Part I, Line 20, Net Assets: Opening Balance Entry: 3,106

Form 990-EZ, Part II, Line 24, Other Assets: Office Furniture and Fixtures: Beginning of year:

7,179, End of year: 4,499

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 1,809, End of

year: 1,609

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,491	22 15,170
23 Land and buildings		23
24 Other assets (describe in Schedule O)	7,179	24 4,499
25 Total assets	11,670	25 19,669
26 Total liabilities (describe in Schedule O)	1,809	26 1,609
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,861	27 18,060

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? PROMOTING BUSINESS AND ECONOMIC INTEREST

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

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

28 WOMEN OF POWER CONFERENCE		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOUG THOMPSON CHAIRMAN	Hr/WK	0	0	0
PAUL TOLBERT VICE CHAIRMAN	Hr/WK	0	0	0
JOHN JERRALDS TREASURER	Hr/WK	0	0	0
JACKIE MILES SECRETARY	Hr/WK	0	0	0
JESSE GAITHER BOARD MEMBER	Hr/WK	0	0	0
SHAUN HARTSFIELD BOARD MEMBER	Hr/WK	0	0	0
FRED SELLERS BOARD MEMBER	Hr/WK	0	0	0
ADMIRAL LEROY JR BOARD MEMBER	Hr/WK	0	0	0
KEITHINA DIXON EXECUTIVE DIRECTOR	Hr/WK 40.00	24,413	0	0
SANTIRIA D BRADLEY ADMINISTRATIVE ASST	Hr/WK 30.00	15,124	0	0
ANGELENA WHEAT INTERIM EXEC DIREC	Hr/WK 40.00	26,121	0	0
	Hr/WK			

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

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

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

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

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

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

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

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A.

☐ Yes ☒ No

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

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	EDNA LOCKLIN	<i>[Signature]</i>	3/3/2017		P00266299
	Firm's name	LOCKLIN ACCOUNTING & TAX SERVICES INC			Firm's EIN
	Firm's address	152 OVERLOOK DR, PENSACOLA, FL 32503			Phone no. (850) 469-4882

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Name of the organization

Employer identification number

GULF COAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC

59-3681641

CLIENT COPY

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Gulf Coast African American Chamber of Commerce	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ Non-Profit	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) PO Box 18432	Requester's name and address (optional)
6 City, state, and ZIP code Pensacola FL 32523	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-				-	
or								
Employer identification number								
5	9	-	3	6	8	1	6	4 1

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ <i>Angelica Wheat</i>	Date ▶ <i>8/22/16</i>
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General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

GULFCOAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC

Income Statement

For the One Month and the Six Months ended March 31, 2017

	One Month Ended March 31, 2017	Six Months Ended March 31, 2017
Sales		
Corporate Contribution	\$ 1,541.19	\$ 1,541.19
Escambia County Appropriations	.00	11,356.54
City of Pensacola Appropriatio	11,830.18	27,187.17
Membership Dues	.00	2,747.52
Corporate Dues	125.00	125.00
Visitor Guide Campaign	.00	1,842.00
Award Banquet Sponsorship	2,000.00	7,000.00
Community Award Banquet	3,000.00	3,000.00
Total Sales	<u>18,496.37</u>	<u>54,799.42</u>
Cost of Goods Sold		
Gross Profit	<u>18,496.37</u>	<u>54,799.42</u>
Operating Expenses		
Office Supplies-Unrestricted	188.39	566.76
Professional Service-Unres	.00	350.00
Bank Service Charge-Unrestrict	.00	36.00
Accounting Service-Unrestrict	468.00	2,343.00
Equipment Rental-Unrestricted	129.87	799.94
Occupancy Expense-Unrestricted	967.50	5,587.50
Utilities-Unrestricted	214.74	1,335.45
Care Of Buildings & Grounds-Un	.00	65.00
Printed Materials-Unrestricted	.00	2,520.00
Promotional Expense-Unrestrict	.00	824.97
Advertising-Unrestricted	.00	50.00
Transportation Fares-Unrestric	.00	31.43
Contract Labor-Unrestric	200.00	1,200.00
Administrative Expns-Unrstctd	158.60	141.46
Postage And Shipping-Unrestric	.00	74.42
Community Award Project -U	2,189.50	2,722.49
Member Services - Unrestricted	.00	142.28
Web Development & Hosting-U	70.00	433.17
Salaries-Unrestricted	5,800.00	28,684.30
Payroll Tax Expense-Unrestric	519.30	2,634.89
Total Operating Expenses	<u>10,905.90</u>	<u>50,543.06</u>
Net Income from Operations	<u>7,590.47</u>	<u>4,256.36</u>
Other Income (Expenses)		
Total Other Income (Expenses)	<u>.00</u>	<u>.00</u>
Net Income (Loss)	<u>\$ 7,590.47</u>	<u>\$ 4,256.36</u>

See accompanying notes and accountant's report.

GULFCOAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC
BALANCE SHEET
March 31, 2017 and 2016

ASSETS	<u>2017</u>
Current Assets	
Primary Oper Acct-Suntrust7167	\$ 13,634.48
3rd Oper Acct-Gulf Winds	500.00
Other Receivables	7,500.73
Total Current Assets	<u>21,635.21</u>
Property and Equipment	
Office Furniture And Fixtures	4,498.69
Total Property and Equipment	<u>4,498.69</u>
Other Assets	
Total Other Assets	<u>.00</u>
Total Assets	<u><u>\$ 26,133.90</u></u>

See accompanying notes and accountant's report.

GULFCOAST AFRICAN AMERICAN CHAMBER OF COMMERCE INC
BALANCE SHEET
March 31, 2017 and 2016

	2017
LIABILITIES AND STOCKHOLDERS' EQUITY	
Current Liabilities	
Accounts Payable	1,608.75
Payroll Taxes Payable	19,296.36
Total Current Liabilities	<u>20,905.11</u>
Long-Term Liabilities	
Total Long Term Liabilities	<u>.00</u>
Total Liabilities	<u>20,905.11</u>
Stockholders' Equity	
Opening Balance Equity	(20,914.23)
Net Assets-Unrestricted	21,886.66
Net Income (Loss)	4,256.36
Total Stockholders' Equity	<u>5,228.79</u>
Total Liabilities And	
Stockholders' Equity	<u>\$ 26,133.90</u>

See accompanying notes and accountant's report.



**FISCAL YEAR 2017 – 2018
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 2015 or 2016 tax return
- A letter of determination from the IRS confirming your organization's federally tax exempt status

Agency Name:

- Pensacola Sports

Agency Address:

- 101 W. Main St.
Pensacola FL 32502

Program Name:

- Sports Tourism

Program Contact:

- Ray Palmer

Contact Email:

- rpalmer@pensacolasports.org

Contact Phone:

- 850-434-2800

25-Word Description of Program:

- Creating, bidding, supporting, managing and hosting of sporting events as well as providing event development and marketing support to sporting events that attract visitors from outside our area, generating room nights and increasing TDT collections

Amount Requested:

- 13% of Visit Pensacola allocation

Amount Received Last Year, if applicable:

- \$753,094



**FISCAL YEAR 2017 – 2018
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.

- Pensacola Sports provided the sports tourism marketing effort for Escambia County, creating a positive economic benefit for the entire community. Sports tourism responsibilities included, but were not limited to creating, bidding and hosting of events. A list of sports tourism events in 2016 with their direct economic impact is attached.

Pensacola Sports provided event development, marketing and management consultant services to organizations throughout the area in a variety of sports related fields interested in the development or hosting of events.

Staff represented Escambia County at numerous events relating to the sports marketing industry. In 2016/2017 staff attended the Florida Sports Industry Leaders Summit, Florida Tourism Day at the state legislature, the Running USA Conference and annual and regional meetings of the Florida Sports Foundation.

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

- Pensacola Sports focuses on creating and attracting new sporting activities, assisting in the marketing, management and growth of existing events to increasing tourism and generating overnight stays in Escambia County accommodations. These efforts create a positive economic impact on the entire county. Fifty cents (.50) of each dollar spent by visitors goes toward such areas as food, entertainment, retail and virtually all other segments of the local economy. In addition to those dollars, sales tax, gas tax and other local taxes are supported by our visitors, helping to relieve the tax burden on local residents and generating new, outside dollars to support and enhance the local economy, job growth and economic development.

Explain how you are the best partnering agency for your program.

- Pensacola Sports has been the sports marketing agent for Escambia County for over twenty years with a successful record of producing room nights and positive economic impact through sporting events. We have partnered with Visit Pensacola to maximize the return on investment for Escambia County and its residents.

Pensacola Sports is recognized on the state and national level as a leader in the sports tourism industry. The Florida Sports Foundation honored President Ray Palmer and Pensacola Sports with a 2015 Florida Sports Leadership Award, recognizing its commitment to enhancing the Pensacola sports scene, for promoting health, fitness and sportsmanship, and for growing sports tourism in the Pensacola Bay Area.

In April of 2017, Pensacola Sports President Ray Palmer was named to a three-year term on the Board of Directors of the National Association of Sports Commissions, the trade association for the sports tourism industry.



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

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

- Sports tourism efforts are dependent on Escambia County funding; any shortfall in funding from the County will result in a proportionate decrease in sports tourism marketing efforts.

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

- Some of the funding from Escambia County could be used as a match for event-related funding from the Florida Sports Foundation; for example, to receive a \$5,000 grant we would have to show a \$10,000 expenditure (2-to-1 match ratio).

Provide "Specific and Measurable" metrics in the following three sections:

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

- The primary goals of sports tourism efforts are to increase bed tax collections in Escambia County, to increase the number of visitors from outside the area coming to participate or watch sporting events and to generate repeat visitors by providing the optimal event experience.

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

- The success of sports tourism efforts is measured by tracking the number of visitors, room nights generated and direct economic impact of sporting events.

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

- Last year's application for funding listed baseline statistics from 2015 of:

40,086 visitors, 27,244 room nights and \$17,837,976 in direct economic impact.

The attached spreadsheet with economic impact reported for 2016 events shows:

52,704 visitors (31% increase) 35,380 room nights (29% increase) and \$21,652,472 in direct economic impact (a year-over-year increase of 21% increase).

MONTH	EVENT	VISITOR	RM NTS	IMPACT
JANUARY	NIRSA Flag Football National Championships	1197	1097	\$ 766,105
	Pensacola Beach Half Marathon/10K/5K	128	96	\$ 74,952
	Classic Company Horse Shows	2500	1031	\$ 2,198,176
	GPAC Winter Invitational Swim Meet	737	491	\$ 198,480
	Pounders Invitational Volleyball	827	365	\$ 196,559
	FAMU Rattler Invitational	92	106	\$ 58,134
FEBRUARY	Pensacola Double Bridge Run	1194	747	\$ 613,687
MARCH	SE Swimming Regionals	335	151	\$ 91,816
	Cox Diamond Invitational (NCAA baseball)	338	421	\$ 195,884
	Blue Angel H.S. Tennis Invitational	324	202	\$ 74,788
	Wavefest Volleyball	2593	1745	\$ 700,984
	Tate Aggie Classic baseball tournament	832	1387	\$ 548,160
	Perdido Soccer Shootout	2267	597	\$ 665,852
	Pensacola Open Wheelchair Tennis	115	252	\$ 148,983
APRIL	Zaxby's Pensacola Classic Soccer	960	240	\$ 154,790
	SPA Spring Nationals Softball	668	792	\$ 427,344
	Pensacola Beach Firefighter Challenge	119	57	\$ 46,236
	US Finals Cheer	5276	718	\$ 1,345,084
	Gulf Coast Half Marathon	223	112	\$ 85,182
	Gulf Coast Invitational Soccer	2412	1378	\$ 652,760
	Tri the Island Triathlon	106	80	\$ 55,572
	Rock the Court basketball	546	319	\$ 127,624
MAY	Big Wave Classic Soccer	714	218	\$ 215,180
	NCAA Regional Div. II Women's Golf	170	264	\$ 113,560
	GPAC Flip Flop Invitational swim meet	882	662	\$ 239,280
	GSC Baseball	300	530	\$ 254,816
	Pro Watercross Tour	365	245	\$ 300,394
	SPA Southern NIT	652	777	\$ 426,648
	Southeast Basketball Shootout	510	340	\$ 153,380
JUNE	Nations Drafted League All Star Series	158	240	\$ 131,268
	White Sands Basketball Camp	572	501	\$ 245,452
	Tom Lalor Swim Meet	703	362	\$ 192,480
	2DSports Baseball	429	322	\$ 152,100
JULY	International Billfish Tournament	1500	20	\$ 786,728
	GPAC Summer Finale	268	179	\$ 73,044
	BEST Baseball 16U, 17U & 18U World Series	848	1522	\$ 749,630
	FASA Softball	414	552	\$ 226,596
	Elite Horse Shows (3 sessions)	1199	1460	\$ 951,820
SEPTEMBER	Pensacola Cycling Classic	736	343	\$ 272,267
	Publix Super Cup Girls & Boys (2 wknds)	1950	516	\$ 563,100
	Pensacola Gymnastics Invitational	420	97	\$ 124,880
	Gulf Coast Cross Country Stampede	571	315	\$ 133,546
OCTOBER	Santa Rosa Island Triathlon	411	464	\$ 210,328
	SPA Winter Nationals (2 weekends)	713	646	\$ 464,692
	Blue Angel Soccer	1443	374	\$ 409,445
	NIRSA Region 2 Soccer	718	627	\$ 328,019
	FHSAA District Cross Country	395	99	\$ 78,497
NOVEMBER	Pensacola Marathon	753	565	\$ 393,043
	Pensacola Futures	265	389	\$ 238,160
	GPAC Gravy Bowl Invitational	1329	665	\$ 353,076
DECEMBER	Snowball Derby	8953	8849	\$ 3,066,027
	Elite Show Jumping	574	863	\$ 377,864

52704 35390 \$ 21,652,472

VISITOR RM NTS IMPACT



**FISCAL YEAR 2017 – 2018
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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding	664994	753094	13% of Visit Pensacola allocation
City Funding			
State Funding	15250	19650	16000
Federal Funding			
Memberships			
Investment Income			
Other Income	2500	3000	3000
Total Income	682744	775744	To be determined **

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	190000	197500	205000
Salaries and Wages			
Employee Benefits			
Professional Services	9000	9000	9000
Contractual Services	24300	41000	40000
Travel Expenses	9302	34500	34500
Rentals and Leases	3612	3612	3612
Communication	5974	6000	6000
Postage and Freight			
Repair and Maintenance			
Printing and Binding			



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Marketing and Promotion	80548	90000	100000
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Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
EVENT EXPENSES	298163	326094	TO BE DETERMINED ***
Fuel			
Supplies	3231	5388	5500
Other Expenses	42382	44500	44500
Capitalizable Assets/ Equipment	5100		
Total Expenses	671612	757594	TO BE DETERMINED ***
Net Income/Revenue minus Expense	11132	18150	

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- Capitalized assets in FY15/16 of \$5100 were race clocks

Please explain any request listed in the "Other Expenses" line item.

- Other expenses include: overhead, dues and utilities

** Income in FY17/18 is dependent on Visit Pensacola allocation

*** Event expenses in FY17/18 will be dependent on TDT allocation



**PENSACOLA
SPORTS™**

*event management
sports tourism
foundation*

P: 850.434.2800 | F: 850.432.4237

info@pensacolasports.org | pensacolasports.org

101 West Main Street, Pensacola, Florida 32502

May 1, 2017

Mr. Stephan Hall
Budget Manager, Office of Management & Budget
Escambia County
223 S. Palafox Place
P.O. Box 1591
Pensacola, FL 32597-1591

RE: Agency Request Forms for FY2017/2018

Dear Mr. Hall:

Enclosed are our completed forms for FY2017/2018. The funding request is a percentage of the Visit Pensacola allocation of tourist development taxes (13% of their allocation) for the Sports Tourism efforts of Pensacola Sports. We will also submit a complete application for funding to the Escambia County Tourist Development Council as part of a unified budget with Visit Pensacola, Inc.

We have attached a copy of our most recent tax return, a current W-9 and our most recent audit as requested. Income figures on page 4 of the audit show that Pensacola Sports receives 60% of its funding from sources other than local governments. Should you have any questions about any of the enclosed information, please call our office anytime at 434-2800.

Sincerely,

Ray Palmer
President and CEO
Pensacola Sports



Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PENSACOLA SPORTS ASSOCIATION, INC.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input 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) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) P.O. Box 12463	Requester's name and address (optional)
	6 City, state, and ZIP code Pensacola, FL 32591	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-				-	
or								
Employer identification number								
5	9	-	0	7	6	7	9	5

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ <i>Miriam Garbrough</i>	Date ▶ <i>4-15-17</i>
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General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

Internal Revenue Service

Date: July 7, 2004

Pensacola Sports Association, Inc.
PO Box 12463
Pensacola, FL 32591

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

Person to Contact:

Richard E. Owens 31-07974
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

59-0767953

Dear Sir or Madam:

This is in response to your request of July 7, 2004, regarding your organization's tax-exempt status.

In July 1959 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(4) of the Internal Revenue Code.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is also liable for tax under the Federal Unemployment Tax Act for each employee to whom it pays \$50 or more during a calendar quarter if, during the current or preceding calendar year, the organization had one or more employees at any time in each of 20 calendar weeks or it paid wages of \$1,500 or more in any calendar quarter.

If your organization's character, method of operation, or purposes change, please let us know so we can consider the effect of the change on the organization's exempt status. Also, your organization should inform us of all changes in its name or address.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

Because your organization is not one described in section 170(c) of the Code, donors may not deduct contributions made to it. You should advise your organization's contributors to that effect.

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

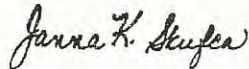
Pensacola Sports Association, Inc.
59-0767953

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

As this letter could help resolve any questions about your organization's exempt status, you should keep it with your organization's permanent records.

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

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning **10/01/15**, and ending **09/30/16**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div align="center">Pensacola Sports Association, Inc.</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 12463 City or town, state or province, country, and ZIP or foreign postal code Pensacola FL 32591	D Employer identification number 59-0767953 E Telephone number 850-434-2800 G Gross receipts \$ 1,533,105
F Name and address of principal officer: Ray Palmer 101 West Main Street Pensacola FL 32951		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.pensacolasports.com		L Year of formation: 1959
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O																	
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																	
	3 Number of voting members of the governing body (Part VI, line 1a)	41																
	4 Number of independent voting members of the governing body (Part VI, line 1b)	39																
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	8																
	6 Total number of volunteers (estimate if necessary)	100																
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																
	7b Net unrelated business taxable income from Form 990-T, line 34	0																
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 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)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Prior Year</th> <th align="center" colspan="2">Current Year</th> </tr> </thead> <tbody> <tr> <td align="right">294,233</td> <td align="right">263,896</td> <td align="right">1,041,749</td> <td align="right">1,252,260</td> </tr> <tr> <td align="right">43,332</td> <td align="right">11,749</td> <td align="right">4,800</td> <td align="right">5,200</td> </tr> <tr> <td align="right">1,384,114</td> <td align="right">1,533,105</td> <td></td> <td></td> </tr> </tbody> </table>	Prior Year		Current Year		294,233	263,896	1,041,749	1,252,260	43,332	11,749	4,800	5,200	1,384,114	1,533,105		
Prior Year		Current Year																
294,233	263,896	1,041,749	1,252,260															
43,332	11,749	4,800	5,200															
1,384,114	1,533,105																	
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) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,312 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td></td><td align="right">0</td></tr> <tr><td></td><td align="right">0</td></tr> <tr><td align="right">334,940</td><td align="right">386,140</td></tr> <tr><td></td><td align="right">0</td></tr> <tr><td align="right">846,968</td><td align="right">1,504,879</td></tr> <tr><td align="right">1,181,908</td><td align="right">1,891,019</td></tr> <tr><td align="right">202,206</td><td align="right">-357,914</td></tr> </tbody> </table>		0		0	334,940	386,140		0	846,968	1,504,879	1,181,908	1,891,019	202,206	-357,914		
	0																	
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Beginning of Current Year</th> <th align="center" colspan="2">End of Year</th> </tr> </thead> <tbody> <tr> <td align="right">1,092,007</td> <td align="right">672,575</td> <td align="right">227,557</td> <td align="right">150,478</td> </tr> <tr> <td align="right">864,450</td> <td align="right">522,097</td> <td></td> <td></td> </tr> </tbody> </table>	Beginning of Current Year		End of Year		1,092,007	672,575	227,557	150,478	864,450	522,097						
Beginning of Current Year		End of Year																
1,092,007	672,575	227,557	150,478															
864,450	522,097																	

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 Ray Palmer Type or print name and title	Date 1/27/2017 Executive Director
Paid Preparer Use Only	Print/Type preparer's name Kevin J. Carlson Firm's name ▶ Carlson & Company, Chartered Firm's address ▶ 7100 Plantation Road, Building 21 Pensacola, FL 32504	Preparer's signature Date 01/31/17 Check <input type="checkbox"/> if PTIN self-employed Firm's EIN ▶ Phone no. 850-476-6900

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

See Schedule O

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 664,961 including grants of \$) (Revenue \$ 664,949)
 Sports Marketing Activities - accomplished the goal of attracting other regional and national events to the Pensacola area which will benefit the entire community.

4b (Code:) (Expenses \$ 126,812 including grants of \$) (Revenue \$ 245,429)
 The Double Bridge Run brought many visitors to the area. Runners participated in a 15K or 5K run which started in downtown Pensacola and finished on Pensacola Beach.

4c (Code:) (Expenses \$ 802,196 including grants of \$) (Revenue \$ 341,882)
 Various events were held to promote local sporting events that brought players and spectators to the local area and created opportunities for local athletes to be recognized.

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

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

4e Total program service expenses 1,593,969

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		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		
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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		1a	1b	1c	2a	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9																																	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X																															
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	8																																	
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)			X																															
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O																																		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?																																		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).																																		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?																																		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																		
7	Organizations that may receive deductible contributions under section 170(c).																																		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?																																		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																		
d	If "Yes," indicate the number of Forms 8282 filed during the year																																		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																		
9	Sponsoring organizations maintaining donor advised funds.																																		
a	Did the sponsoring organization make any taxable distributions under section 4966?																																		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																		
10	Section 501(c)(7) organizations. Enter:																																		
a	Initiation fees and capital contributions included on Part VIII, line 12																																		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																		
11	Section 501(c)(12) organizations. Enter:																																		
a	Gross income from members or shareholders																																		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.																																		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.																																		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																		
c	Enter the amount of reserves on hand																																		
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																		

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	41											
b Enter the number of voting members included in line 1a, above, who are independent		39										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?												
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?												
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
6 Did the organization have members or stockholders?												
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?												
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?												
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?												
b Each committee with authority to act on behalf of the governing body?												
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												

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?												
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a Did the organization have a written conflict of interest policy? If "No," go to line 13												
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?												
14 Did the organization have a written document retention and destruction policy?												
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												
b Other officers or key employees of the organization												
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?												

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Ray Palmer**
101 West Main Street
Pensacola

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jackie Brown	1.00									
President	0.00	X		X				0	0	0
(2) Jehan Clark	1.00									
President Elect	0.00	X		X				0	0	0
(3) Mike Eddins	1.00									
VP-Membership	0.00	X		X				0	0	0
(4) Norm Ross	1.00									
VP-Sports Events	0.00	X		X				0	0	0
(5) Phil Kraus	1.00									
VP - Events	0.00	X		X				0	0	0
(6) Ted Gund	1.00									
VP - Finance	0.00	X		X				0	0	0
(7) Rick Johnson	1.00									
VP of TDC Affairs	0.00	X		X				0	0	0
(8) John Panyko	1.00									
VP-Sports Marketing	0.00	X		X				0	0	0
(9) Bill Hamilton	1.00									
Past President	0.00	X		X				0	0	0
(10) Doug Bates	1.00									
Director	0.00	X						0	0	0
(11) Bobby Behr	1.00									
Director	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jim Beran	1.00									
Director	0.00	X						0	0	0
(13) Chip Boes	1.00									
Director	0.00	X						0	0	0
(14) Zach Brothers	1.00									
Director	0.00	X						0	0	0
(15) Michael Burroughs	1.00									
Director	0.00	X						0	0	0
(16) Candy Carlisle	1.00									
Director	0.00	X						0	0	0
(17) Bruce Childers	1.00									
Director	0.00	X						0	0	0
(18) Will Condon	1.00									
Director	0.00	X						0	0	0
(19) Brian Cooper	1.00									
Director	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								86,331		
d Total (add lines 1b and 1c)								86,331		

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**

- 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
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Bill Creedon	1.00									
Director	0.00	X						0	0	0
(21) Charles Gheen	1.00									
Director	0.00	X						0	0	0
(22) Meghan Gilroy-Triolo	1.00									
Director	0.00	X						0	0	0
(23) Buddy Hinote	1.00									
Director	0.00	X						0	0	0
(24) Cam Johnson	1.00									
Director	0.00	X						0	0	0
(25) Katie Kehoe	1.00									
Director	0.00	X						0	0	0
(26) Rhea Kessler	1.00									
Director	0.00	X						0	0	0
(27) Mike Layton	1.00									
Director	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Evan Malone	1.00									
Director	0.00	X						0	0	0
(29) Jared Martin	1.00									
Director	0.00	X						0	0	0
(30) Richard McLeod	1.00									
Director	0.00	X						0	0	0
(31) Janet Olliff	1.00									
Director	0.00	X						0	0	0
(32) Jay Patel	1.00									
Director	0.00	X						0	0	0
(33) Ron Pulley	1.00									
Director	0.00	X						0	0	0
(34) D. C. Reeves	1.00									
Director	0.00	X						0	0	0
(35) Michael Rhodes	1.00									
Director	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) Robbie Rushing	1.00									
Director	0.00	X						0	0	0
(37) Brent Scott	1.00									
Director	0.00	X						0	0	0
(38) Dave Scott	1.00									
Director	0.00	X						0	0	0
(39) David Taylor	1.00									
Director	0.00	X						0	0	0
(40) Finley Woodward	1.00									
Director	0.00	X						0	0	0
(41) Mark Taylor	1.00									
Director	0.00	X						0	0	0
(42) Ray Palmer	40.00									
Executive Director	0.00			X				86,331	0	0
1b Sub-total								86,331		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	34,900			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	228,996			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		263,896			
Program Service Revenue	2a Esambia Co tourist developmen	Busn. Code	664,949	664,949		
	b Program revenues		587,311	587,311		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,252,260			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,749	11,749	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)			5,200			5,200
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,533,105	1,264,009	0	5,200	

Part IX Statement of Functional ExpensesSection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,331	67,338	18,993	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	228,111	109,644	118,467	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	48,452		48,452	
10 Payroll taxes	23,246	13,018	10,228	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,000	9,000		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,274		3,274	
12 Advertising and promotion	91,287	54,548	15,427	21,312
13 Office expenses	34,346	20,196	14,150	
14 Information technology	6,696		6,696	
15 Royalties				
16 Occupancy	21,225	6,596	14,629	
17 Travel	17,193	14,564	2,629	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,470		22,470	
23 Insurance	20,255		20,255	
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 Donations to PSA Foundati	467,383	467,383		
b Tourist development hosti	340,057	340,057		
c Bridge Run	126,812	126,812		
d Marathon expenses	99,773	99,773		
e All other expenses	245,108	265,040	-19,932	
25 Total functional expenses. Add lines 1 through 24e	1,891,019	1,593,969	275,738	21,312
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	100	1	200
	2 Savings and temporary cash investments	187,491	2	137,151
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	70,115	4	117,744
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,996	9	43,721
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 501,021		
	b Less: accumulated depreciation	10b 486,729		
	11 Investments—publicly traded securities	33,838	10c	14,292
	12 Investments—other securities. See Part IV, line 11	788,467	11	359,467
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,092,007	15	672,575	
Liabilities	17 Accounts payable and accrued expenses	7,496	16	30,377
	18 Grants payable		17	
	19 Deferred revenue	116,455	18	117,601
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	103,606	20	2,500
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	227,557	25	150,478
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.		26	
	27 Unrestricted net assets	864,450	27	522,097
	28 Temporarily restricted net assets		28	
	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	864,450	33	522,097	
34 Total liabilities and net assets/fund balances	1,092,007	34	672,575	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,533,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,891,019
3	Revenue less expenses. Subtract line 2 from line 1	3	-357,914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	864,450
5	Net unrealized gains (losses) on investments	5	15,561
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	522,097

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

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

OMB No. 1545-0047

2015

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

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

Name of the organization

Employer identification number

Pensacola Sports Association, Inc.59-0767953

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(4) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Pensacola Sports Association, Inc.

Employer identification number

59-0767953

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lewis Bear Co. 6120 Enterprise Drive Pensacola FL 32505	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Escambia County Sheriff's Office P. O. Box 18770 Pensacola FL 32523-8770	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Sacred Heart Health Systems 5151 North Ninth Avenue Pensacola FL 32504	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PR Sports, Inc. dba Running Wild 3012 E. Cervantes Street Pensacola FL 32503	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Cox Communications 2205 LaVista Avenue Pensacola FL 32504	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PSA Foundation P.O. Box 12463 Pensacola FL 32582	\$ 18,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Pensacola Sports Association, Inc.

Employer identification number

59-0767953

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Publix 9786 West Beaver Street Jacksonville FL 32220	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Subway Franchisee Advertising Fund 325 Bic Drive Milford CT 06461	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Andrews Institute 1040 Gulf Breeze Pkwy Gulf Breeze FL 32561	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Whataburger 300 Concord Plaza Drive San Antonio TX 78216	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Florida Sports Foundation 2930 Kerry Forest Parkway Ste 101 Tallahassee FL 32309	\$ 23,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Joe Zarzaur 11 Romana Street Pensacola FL 32502	\$ 9,243	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Pensacola Sports Association, Inc.

Employer identification number

59-0767953

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Studer Group 350 West Cedar Street, Suite 300 Pensacola FL 32502	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Wells Fargo 501 Commendencia, Ste 2 Pensacola FL 32502	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

Name of organization

Pensacola Sports Association, Inc.

Employer identification number

59-0767953

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

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

2 Political expenditures

▶ \$

3 Volunteer hours

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

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

▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a Was a correction made?

☐ Yes

☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

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

▶ \$

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

▶ \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes

☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No
4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		X

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV	Supplemental Information (continued)
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**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

2015

Open to Public
Inspection

Name of the organization

Employer identification number

Pensacola Sports Association, Inc.

59-0767953

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		423,757	423,757	
c Leasehold improvements				
d Equipment		77,264	62,972	14,292
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				14,292

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,658,839
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	15,562	
b	Donated services and use of facilities	2b	110,172	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		125,734
3	Subtract line 2e from line 1	3		1,533,105
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,533,105

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a:

1	Total expenses and losses per audited financial statements		1	2,001,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	110,172	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		110,172
3	Subtract line 2e from line 1	3		1,891,019
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		1,891,019

Part XIII Supplemental Information.

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

Part IV, Line 2b - Escrow Liability Arrangement Explanation

Part X Line 21 consists of escrow funds held for student scholarships awarded annually.

Part XIII Supplemental Information (continued)

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open To Public
Inspection

Pensacola Sports Association, Inc.

Employer identification number

59-0767953

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total							▶ \$					

Part III

Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/efile.

Name of the organization

Pensacola Sports Association, Inc.

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-E, Part I, line 1. If the organization answered "No" on Form 990, Part IV, line 31, or Form 990-E, Part I, line 1, no further information is required. If the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-E, Part I, line 1, Part I can be duplicated if additional space is needed.

Employer identification number

59-0767953

1

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization;

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the organization.

provide the name of the person involved and explain in Part III.

DAA

Part I	Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
b If "Yes," did the organization provide such notice?
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
6a Did the organization have any tax-exempt bonds outstanding during the year?
b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
c If "Yes" on line 6b, describe in Part III how the organization discharged or defeased its tax-exempt bond liabilities.

Part II

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 26. Do not check this box if the organization answered "No" on line 32, or Form 990-EZ, line 26, explain in Part III.

[illegible]

- 2 Did or will any officer, director, trustee, or key employee of the organization;

- a. Become a director or trustee of a successor or transferee organization?
- b. Become an employee of, or independent contractor for, a successor or transferee organization?
- c. Become a direct or indirect owner of a successor or transferee organization?
- d. Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e. If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Part II, Line 2e - Detail:

Board members Rhea Kessler, Norm Ross, and Jodie Webb were also board members for the PSA Foundation in October 2015 when the transfer was made.

No benefits received by any of the board members.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

Pensacola Sports Association, Inc.

59-0767953

Form 990 - Organization's Mission

To work with international, national, state and local governments and other public and private entities in the development, organization, bidding, advertising, promotion, encouragement, hosting and the operation of amateur and professional sports in Northwest Florida for the purpose of regional economic development (Sports Economic Development).

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is reviewed by the Executive Director, accountant, and Vice President of Finance prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is discussed with board members as part of the annual board member orientation. The Organization's bylaws include a conflict of interest policy related to any contracts or other transactions which requires disclosure by its Directors or any other corporation, firm, association or entity in which one or more of the Directors are Directors or officers or are financially interested.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee reviews and approves the compensation of the Executive Director.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Committee reviews and approves compensation for all officers

Name of the organization

Employer identification number

Pensacola Sports Association, Inc.

59-0767953

and employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Form 990, governing documents, and most recently issued audited financial statements are made available upon request during normal office hours.

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

Description	Amount
Other program expenses	
\$ 60,331	\$ 0
College Baseball event	
\$ 56,935	\$ 0
High School All Stars	
\$ 40,741	\$ 0
Awards Banquet	
\$ 22,675	\$ 0
Futures Tennis	
\$ 22,669	\$ 0
Senior Scholar	
\$ 21,352	\$ 0
Bud Tennis	
\$ 10,337	\$ 0
M/G - Miscellaneous expen	
\$ 0	\$ 10,068
Overhead allocation	
\$ 30,000	\$ -30,000

Depreciation and Amortization

OMB No. 1545-0172

(Including Information on Listed Property)

2015Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.Attachment
Sequence No. **179**

Name(s) shown on return

Pensacola Sports Association, Inc.

Identifying number

59-0767953

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,470

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	22,470
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
7	Cougar Mountain Software	12/02/97	3,011				3,011	5	HY 200DB	3,011	0
			<u>3,011</u>				<u>3,011</u>			<u>3,011</u>	<u>0</u>
Other Depreciation:											
1	2-5 Ton A/C Condensing Units	6/07/07	8,055				8,055	15	MO S/L	4,475	537
2	Leasehold Improv / Building	8/01/96	423,757				423,757	20	MO S/L	406,095	17,662
3	Typewriter	7/02/87	795				795	5	MO S/L	795	0
4	Refinished 16 Chairs	8/07/96	1,200				1,200	5	MO S/L	1,200	0
5	Refinished BD Table	9/25/96	600				600	5	MO S/L	600	0
10	Correct Prior Year Note Computer Purchase	1/31/05	75				75	5	MO S/L	75	0
11	17 inch Monitor	7/11/05	203				203	5	MO S/L	203	0
12	File Cabinet	12/02/04	231				231	5	MO S/L	231	0
14	Drafting and Task Chairs	2/15/06	489				489	5	MO S/L	489	0
15	Telephone system	1/10/06	5,886				5,886	5	MO S/L	5,886	0
16	5 - 3 Drawer Lateral Files	2/15/06	1,760				1,760	5	MO S/L	1,760	0
17	Desk and Credenza	2/15/06	1,857				1,857	5	MO S/L	1,857	0
18	Double Pedestal Executive Desk L-Shaped	12/10/05	593				593	5	MO S/L	593	0
19	4 Double Pedestal Exec Desks	12/10/05	2,184				2,184	5	MO S/L	2,184	0
20	3 Credenzas with Doors	12/10/05	1,638				1,638	5	MO S/L	1,638	0
21	Credenza with 3 ft Lateral files	12/10/05	497				497	5	MO S/L	497	0
22	Double Pedestal Exec Desk 72 in	12/10/05	1,096				1,096	5	MO S/L	1,096	0
23	10 Mahogany Conference Chairs Wood & Vinyl	12/10/05	625				625	5	MO S/L	625	0
24	5 Blue Conference Chairs Wood & Vinyl	12/10/05	313				313	5	MO S/L	313	0
25	Blue Conference Chair- Wood & Fabric	12/10/05	81				81	5	MO S/L	81	0
26	4 Pink Conference Chirs Wood & Fabric	12/10/05	322				322	5	MO S/L	322	0
27	Task Chair with Arms	12/10/05	81				81	5	MO S/L	81	0
28	Tradition Button-tufted Reception Loveseat	12/10/05	213				213	5	MO S/L	213	0
29	Tradition Button-tufted Reception Chairs	12/10/05	300				300	5	MO S/L	300	0
30	Dell Computer - MT	7/31/08	690				690	5	MO S/L	690	0
31	2006 Big Tex 45LA-14Trailer 16VNX142662	7/01/08	1,250				1,250	5	MO S/L	1,250	0
32	24 Chairs for Board Room	3/19/09	667				667	5	MO S/L	667	0
33	4 Storage Racks	3/19/09	388				388	5	MO S/L	388	0
34	4 Storage Racks	4/20/09	281				281	5	MO S/L	281	0
35	2 Dell Vostro 220 Computers-GH/JC	4/30/09	1,503				1,503	5	MO S/L	1,503	0
36	Wireless Credit Card Machine	9/03/09	860				860	5	MO S/L	860	0
39	Digital Camcorder	10/04/03	575				575	5	MO S/L	575	0
41	Color Laser Printer	3/15/05	5,900				5,900	5	MO S/L	5,900	0
42	2 Raceclocks, Stand, & Case	8/09/06	2,280				2,280	5	MO S/L	2,280	0
43	Folding Machine	5/03/06	538				538	5	MO S/L	538	0
45	Olympic E510 Camera w/ 8GB Sandisk	12/08/08	678				678	5	MO S/L	678	0
46	Dell computer Vostro 220 - SG	4/27/09	637				637	5	MO S/L	637	0
47	Sound Equipment	9/23/10	2,895				2,895	5	MO S/L	2,895	0
48	Optiplex 380 Computer - MY	10/04/10	795				795	5	MO S/L	795	0
49	Gas Grill	2/28/11	1,000				1,000	5	MO S/L	917	83
50	Optiplex 380 Computer - Jason	10/04/10	795				795	5	MO S/L	795	0
51	2008 Toyota Tundra	9/11/13	15,816				15,816	5	MO S/L	6,590	3,163
52	iPad (Ray)	4/29/14	633				633	5	MO S/L	179	127
53	iPad - Jason	8/06/14	508				508	5	MO S/L	119	101
54	iPad-Mykel	8/07/14	400				400	5	MO S/L	93	80
55	Dell 17 Inspiron	10/03/13	747				747	5	MO S/L	299	149
56	Optiplex 3020 computer - Jason	10/30/13	611				611	5	MO S/L	234	122
57	Inspiron 660 computer - Ray	10/30/13	472				472	5	MO S/L	181	94
58	Spray Rhino Liner for truck	10/31/13	532				532	5	MO S/L	204	106
59	Computer/monitor - BestBuy - MY	3/13/15	785				785	5	MO S/L	92	157
60	Dell Computer/Monitor (TB)	11/04/15	484				484	5	MO S/L	0	89
61	Acquisition costs - Fishing Rodeo	9/30/16	2,441				2,441	0	-- Memo	0	0
Total Other Depreciation			<u>498,012</u>				<u>498,012</u>			<u>461,249</u>	<u>22,470</u>
Total ACRS and Other Depreciation			<u>498,012</u>				<u>498,012</u>			<u>461,249</u>	<u>22,470</u>

Federal Asset Report
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179</u>	<u>Bonus</u>	<u>Basis</u> <u>for Depr</u>	<u>Per</u> <u>Conv</u>	<u>Meth</u>	<u>Prior</u>	<u>Current</u>
	Grand Totals		501,023				501,023			464,260	22,470
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>501,023</u>				<u>501,023</u>			<u>464,260</u>	<u>22,470</u>

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
4085 · INTEREST INCOME-INVEST						
	\$ 13,607					
4090 · INTEREST INCOME-BANK A						
	2					
Interest Income - SM						
	57					
Total	\$ 13,666					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
5043 • CONTRACT LABOR - PSA	\$ 3,274		\$ 3,274	\$
Total	\$ 3,274	0	\$ 3,274	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other program expenses	\$ 60,331	\$ 60,331		
College Baseball event	56,935	56,935		
High School All Stars	40,741	40,741		
Awards Banquet	22,675	22,675		
Futures Tennis	22,669	22,669		
Senior Scholar	21,352	21,352		
Bud Tennis	10,337	10,337		
M/G - Miscellaneous expen	10,068		10,068	
Overhead allocation			-30,000	
Total	\$ 245,108	\$ 30,000	\$ -19,932	\$ 0

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

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service
Name of exempt organizationFor calendar year 2015, or fiscal year beginning 10/01, 2015, and ending 9/30, 2016
▶ Do not send to the IRS. Keep for your records.
▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**

Employer identification number

59-0767953

Name and title of officer

Pensacola Sports Association, Inc.
Ray Palmer
Executive Director**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,533,105
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Carlson & Company, Chartered to enter my PIN 00223 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **01/31/17****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59304447699

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

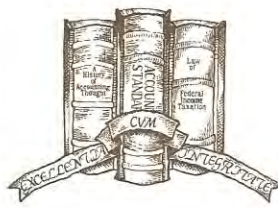
ERO's signature ▶

Date ▶

01/31/17**ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)



Carlson & Company, Chartered
Certified Public Accountants

Pensacola Sports Association, Inc.

Pensacola, Florida

Audited Financial Statements

with

Supplementary Information

September 30, 2016

Pensacola Sports Association, Inc.

Pensacola, Florida

Audited Financial Statements

with

Supplementary Information

September 30, 2016

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Carlson & Company, Chartered
Certified Public Accountants

Independent Auditors' Report

To the Board of Directors
Pensacola Sports Association, Inc.
Pensacola, Florida

We have audited the accompanying financial statements of Pensacola Sports Association, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2016, and the related statement of activities, statement of changes in net assets, and statement of cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Pensacola Sports Association, Inc., as of September 30, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

January 30, 2017

Carlson & Company

Pensacola Sports Association, Inc.

Statement of Financial Position

September 30, 2016

ASSETS	Administration & Other Projects	PSA Building Activities	Sports Marketing Activities	Total
Current assets:				
Cash and cash equivalents	\$ 131,457	\$ -	\$ 2,447	\$ 133,904
Cash - escrow	3,447	-	-	3,447
Accounts receivable	4,712	-	113,032	117,744
Prepaid expense	43,367	-	354	43,721
Intercompany due from/(to)	112,753	-	(112,753)	-
Total current assets	<u>295,736</u>	<u>-</u>	<u>3,080</u>	<u>298,816</u>
Other assets:				
Investments	<u>359,467</u>	<u>-</u>	<u>-</u>	<u>359,467</u>
Property and equipment:				
PSA building	-	423,757	-	423,757
Office equipment	47,414	-	13,502	60,916
Vehicles	16,348	-	-	16,348
Total property and equipment, at cost	<u>63,762</u>	<u>423,757</u>	<u>13,502</u>	<u>501,021</u>
Less accumulated depreciation	<u>(49,470)</u>	<u>(423,757)</u>	<u>(13,502)</u>	<u>(486,729)</u>
Property and equipment, net	<u>14,292</u>	<u>-</u>	<u>-</u>	<u>14,292</u>
Total assets	<u>\$ 669,495</u>	<u>\$ -</u>	<u>\$ 3,080</u>	<u>\$ 672,575</u>
LIABILITIES AND NET ASSETS				
Current liabilities:				
Accounts payable	\$ 27,939	\$ -	\$ 2,438	\$ 30,377
Deferred revenue - event prepayments	117,601	-	-	117,601
Escrow liability	2,500	-	-	2,500
Total liabilities	<u>148,040</u>	<u>-</u>	<u>2,438</u>	<u>150,478</u>
Net assets:				
Unrestricted net assets	<u>521,455</u>	<u>-</u>	<u>642</u>	<u>522,097</u>
Total liabilities and net assets	<u>\$ 669,495</u>	<u>\$ -</u>	<u>\$ 3,080</u>	<u>\$ 672,575</u>

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

Pensacola Sports Association, Inc.
Statement of Activities
For the Year Ended September 30, 2016

	Administration & Other Projects	PSA Building Activities	Sports Marketing Activities	Total
Change in unrestricted net assets:				
Revenues and support:				
Corporate sponsorships	\$ 225,632	\$ -	\$ -	\$ 225,632
Program revenues	587,311	-	-	587,311
Escambia Co. tourist development contract	-	-	664,949	664,949
In-kind donation	76,572	-	-	76,572
In-kind land lease	33,600	-	-	33,600
Membership dues	34,900	-	-	34,900
Other revenue	3,364	-	-	3,364
Interest and dividends	13,609	-	57	13,666
Rental revenue	5,200	-	-	5,200
Recognized gain on investments	15,562	-	-	15,562
Realized loss on investments	(1,917)	-	-	(1,917)
Total revenues	<u>993,833</u>	<u>-</u>	<u>665,006</u>	<u>1,658,839</u>
Expenses:				
Management and general expenses	274,579	-	-	274,579
Program related expenses	461,626	-	664,961	1,126,587
Transfer to PSA Foundation	467,383	-	-	467,383
In-kind donations	76,572	-	-	76,572
In-kind land lease	33,600	-	-	33,600
Depreciation	4,810	17,661	-	22,471
Total expenses	<u>1,318,570</u>	<u>17,661</u>	<u>664,961</u>	<u>2,001,192</u>
Change in unrestricted net assets	<u>\$ (324,737)</u>	<u>\$ (17,661)</u>	<u>\$ 45</u>	<u>\$ (342,353)</u>

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

Pensacola Sports Association, Inc.
Statement of Changes in Net Assets
For the Year Ended September 30, 2016

	Administration & Other Projects	PSA Building Activities	Sports Marketing Activities	Total
Net assets, beginning of year	\$ 846,192	\$ 17,661	\$ 597	\$ 864,450
Change in net assets	<u>(324,737)</u>	<u>(17,661)</u>	<u>45</u>	<u>(342,353)</u>
Net assets, end of year	<u>\$ 521,455</u>	<u>\$ -</u>	<u>\$ 642</u>	<u>\$ 522,097</u>

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

Pensacola Sports Association, Inc.
Statement of Cash Flows
For the Year Ended September 30, 2016

	Administration & Other Projects	PSA Building Activities	Sports Marketing Activities	Total
Cash flow from operating activities:				
Change in net assets	\$ (324,737)	\$ (17,661)	\$ 45	\$ (342,353)
Reconciliation of change in net assets to net cash (used) by operating activities:				
Depreciation expense	4,810	17,661	-	22,471
Change in accounts receivable	3,914	-	(51,543)	(47,629)
Change in prepaid expenses	(31,727)	-	-	(31,727)
Change in accounts payable	27,479	-	(4,598)	22,881
Change in deferred revenue	1,146	-	-	1,146
Change in escrow liability	-	-	(101,106)	(101,106)
Interest & dividends from investments	(13,607)	-	-	(13,607)
Recognized gain on investments	(15,562)	-	-	(15,562)
Realized loss on investments	1,917	-	-	1,917
Cash (used) by operating activities	<u>(346,367)</u>	<u>-</u>	<u>(157,202)</u>	<u>(503,569)</u>
Cash flows from investing activities:				
Purchase of fixed assets	(2,924)	-	-	(2,924)
Payment of fees with investment funds	869	-	-	869
Decrease in investment funds	455,383	-	-	455,383
Cash provided by investing activities	<u>453,328</u>	<u>-</u>	<u>-</u>	<u>453,328</u>
Cash flows from financing activities:				
Change in intercompany loans	(61,706)	-	61,706	-
Cash (used) provided by financing activities	<u>(61,706)</u>	<u>-</u>	<u>61,706</u>	<u>-</u>
Net increase (decrease) in cash	45,255	-	(95,496)	(50,241)
Cash at beginning of year	<u>89,649</u>	<u>-</u>	<u>97,943</u>	<u>187,592</u>
Cash at end of year	<u><u>\$ 134,904</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 2,447</u></u>	<u><u>\$ 137,351</u></u>
Cash interest paid	\$ -	\$ -	\$ -	\$ -
Cash income taxes paid	\$ -	\$ -	\$ -	\$ -

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

Pensacola Sports Association, Inc.
Notes to the Financial Statements
September 30, 2016

NOTE 1 - SCOPE AND PURPOSE

The Pensacola Sports Association, Inc. (the Association), is a not-for-profit corporation organized under the laws of the State of Florida. The Association's purpose is to promote regional economic development through the organization of amateur and professional sports events in Northwest Florida.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Statement Presentation

The Association presents its financial statements in a fund accounting format. The Association's building activities are shown separate from the sports marketing and regular operating activities.

The Association considers any donor imposed restrictions on revenues received and reports its financial position and activities in three classes of net assets: (1) unrestricted net assets, (2) temporarily restricted net assets, and (3) permanently restricted net assets. If there is no restriction, it is unrestricted. If the donor restriction will be satisfied with the passage of time, or a specified event, the contribution is temporarily restricted until the restriction is met, then it is moved to unrestricted. If the donor restriction will never expire, it is permanently restricted. The Association had only unrestricted net assets at year end.

Cash Equivalents

For purposes of the statement of cash flows, cash consists of cash on hand, cash in operating, sports marketing, and scholarship escrow bank accounts.

Accounts Receivable

Accounts receivable represents amounts due for grant reimbursements, sponsorships, and amounts due from parking sublease. Accounts receivable are stated at the amount expected to be collected from outstanding balances. Based on past experience, no provision for uncollectible accounts is considered necessary.

Property and Equipment

Property and equipment are recorded at the cost of acquisition for purchased items. Donated assets are recorded at the estimated fair market value. Depreciation is calculated using the straight-line method based on the estimated useful lives of the individual assets. Principal ranges of estimated useful lives are:

Building and improvements	20 years
Furniture, fixtures and equipment	5 - 10 years

Expenditures for additions and major renewals are capitalized. Expenditures for maintenance and repair are expensed.

Pensacola Sports Association, Inc.
Notes to the Financial Statements
September 30, 2016
(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition

All revenues are recognized on the accrual basis of accounting. The main sources of revenue are program revenues for sponsored events, tourist development funds from Escambia County, corporate sponsorships, and membership dues. The Association also receives substantial in-kind donations for advertising, land usage, and refreshments at sponsored events.

Expense Allocation

Expenses which are directly related to the various programs or supporting services are charged directly against the related program or service and are shown as program related expenses. Operating expenses include those expenses not directly identifiable to a specific program or event.

Use of Estimates

The preparation of financial statements under generally accepted accounting principles requires the use of estimates. This will affect the reported amounts of assets, liabilities, disclosures, and contingent items at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results may vary from these estimates and the variances may be material.

Donated Materials and Services

Donated materials and services are reflected in the financial statements at the fair value of the services rendered. The contributions of services are recognized if the services received create or enhance assets, require specialized skills that are provided by individuals possessing those skills, are objectively measurable, and would typically need to be purchased if not provided by donation.

The Association also benefits from non-skilled services donated by volunteers. However, the value of these donated non-skilled services is not included in these financial statements since no objective basis is available to measure the value of these services.

Income Taxes

The Association qualifies as an organization exempt from income tax under Section 501(c) (4) of the Internal Revenue Code according to Internal Revenue Service determination letters dated July 27, 1959; December 1, 1969; July 26, 1974; and December 17, 1979. Under present regulations the Association does not have any unrelated business income and is not subject to income tax. The Association is required to file an annual information return, Form 990, with the Internal Revenue Service. All filings are up to date.

Subsequent Events

The Association has evaluated subsequent events for potential recognition and/or disclosure in the September 30, 2016 financial statements through January 30, 2017, the date the financial statements were available to be issued.

Pensacola Sports Association, Inc.
Notes to the Financial Statements
September 30, 2016
(Continued)

NOTE 3 – FAIR VALUES OF FINANCIAL INSTRUMENTS

Generally accepted accounting principles require not-for-profit corporations to report investments at fair market value. Fair value is defined as the exchange price that would be received for an asset, or paid to transfer a liability (an exit price), in the principal or most advantageous market for the item in an orderly transaction between market participants on the measurement date. A fair value hierarchy has been established which requires an organization to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

A fair value hierarchy prioritizes the inputs uses to measure fair market value. The three levels of the fair value hierarchy are as follows:

Level 1 – Observable inputs that reflect quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 – Include other inputs that are directly or indirectly observable in the market-place.

Level 3 – Unobservable inputs which are supported by little or no market activity.

The fair value of the Association's investments has been determined based on quoted market price of identical assets (Level 1). The cost and fair market value of the investments held by the Association as of September 30, 2016, were:

	Cost	Fair Value
Accrued interest on bonds/CDs	\$ 396	\$ 396
Money funds	79,118	79,118
Government securities	6,445	7,342
Mutual funds	126,292	124,868
Trak advisory service	94,644	92,031
Corporate bonds	53,683	55,712
Subtotal	360,578	359,467
Unrealized (loss) on investments	(1,111)	-
Total Investments	<u>\$ 359,467</u>	<u>\$ 359,467</u>

NOTE 4 – CONCENTRATION OF SUPPORT

The Association receives a significant portion of its revenue from sports marketing grants from Escambia County, Florida. Non-renewal of these grants would impact the activities of the Association. The Escambia County grant money is generated from the Tourist Development Commission bed tax. Future funding is highly dependent on tourism.

Pensacola Sports Association, Inc.

Notes to the Financial Statements

September 30, 2016

(Continued)

NOTE 5 – ESCAMBIA COUNTY GRANT CONTRACT REQUIREMENT

Escambia County requires the Association to maintain a separate bank account to deposit all county funds received and to keep a separate accounting of county funds. The Association has maintained a separate account in response to this requirement. This account is included in the cash and cash equivalents section of the statement of financial position in the sports marketing activities fund column.

NOTE 6 – RELATED PARTY TRANSACTIONS

During the fiscal year, the Association purchased promotional items from a company owned by a current board member. These transactions were put forth for competitive bids before being authorized. Purchases of \$32,904 were made from this vendor during the fiscal year.

The Association purchases insurance coverage from a company owned by a current board member. Competitive bids were considered, and in the opinion of management the coverage obtained was the most favorable to the Association. During the fiscal year, the Association paid the insurance agency \$15,237.

NOTE 7 – OPERATING LEASE OBLIGATION

The Association acquired a copy machine through an operating lease arrangement. Monthly payments are \$325 per month. The minimum non-cancelable commitments under the lease arrangement are:

Year ended September 30, 2017	3,900
Year ended September 30, 2018	3,250

NOTE 8 – OTHER LEASE OBLIGATIONS

The Association has a lease with the City of Pensacola Community Redevelopment Agency for the land on which the building and parking lot are located. The Association has a sub-lease agreement with the Pensacola Association of Realtors for some of the parking spaces. If the Pensacola Association of Realtors defaulted on the sub-lease agreement, the Association would be responsible for the entire amount of \$6,386 annually according to their lease agreement with the City of Pensacola.

NOTE 9 – CONCENTRATION OF CREDIT RISK

The Association maintains cash balances at banks and a brokerage house. Bank deposits are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. As of September 30, 2016, cash deposits at the bank did not exceed this amount.

Brokerage accounts are insured by the Securities Investors Protection Corporation (SIPC) up to \$500,000. SIPC coverage only protects the Association against broker error or fraud, not a loss of the underlying investment.

Pensacola Sports Association, Inc.
Notes to the Financial Statements
September 30, 2016
(Continued)

NOTE 10 – TRANSFER TO PSA FOUNDATION, INC.

In October 2015, the Association's board of directors approved a transfer of \$455,383 held in an investment brokerage account to the Pensacola Sports Association Foundation Inc., (the PSA Foundation). The PSA Foundation is a nonprofit organization tax exempt under section 501(c)(3) of the Internal Revenue Code as a private foundation. In addition, the Association contributed \$12,000 in cash to the PSA Foundation for the year ending September 30, 2016.



Carlson & Company, Chartered
Certified Public Accountants

Independent Auditors' Report
On Unaudited Supplementary Information

To the Board of Directors
Pensacola Sports Association, Inc.
Pensacola, Florida

Our audit of the financial statements of Pensacola Sports Association, Inc. (the Association), as of and for the year ended September 30, 2016, was made for the purpose of formulating an opinion on the basic financial statements taken as a whole. The additional information presented in the unaudited supplemental schedule of expenses on the following page is not a required part of the basic financial statements of Pensacola Sports Association, Inc. It has been taken primarily from accounting and other records of the Association, and is presented solely for purposes of additional analysis. This information has not been subjected to tests and other auditing procedures applied in the audit of the basic financial statements, and, accordingly, we do not express an opinion or any other form of assurance on the additional information.

Carlson & Company

January 30, 2017

Pensacola Sports Association, Inc.
Unaudited Supplemental Schedule of Expenses
For the Year Ended September 30, 2016

	Administration Management and General	Sports Marketing Program Related Activities
Accounting and audit	\$ -	\$ 9,000
Advertising	15,427	54,548
Computer upgrades and supplies	6,696	-
Contract labor	3,274	-
Employee benefits	48,452	-
Fundraising and member promotion	21,312	-
Insurance	20,255	-
Miscellaneous	10,068	-
Occupancy expenses	14,629	6,596
Office expenses	14,150	20,196
Payroll and payroll tax expense	147,687	190,000
Tourist development hosting and bids	-	340,057
Travel expenses	2,629	14,564
Overhead allocation	(30,000)	30,000
	<u> </u>	<u> </u>
Total	<u>\$ 274,579</u>	<u>\$ 664,961</u>

See Independent Auditors' Report on Unaudited Supplementary Information.



**FISCAL YEAR 2017 – 2018
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 2015 or 2016 tax return
- A letter of determination from the IRS confirming your organization's federally tax exempt status

Agency Name:

- Visit Pensacola, Inc.

Agency Address:

- 1401 E. Gregory Street, Pensacola, FL 32502

Program Name:

- Visit Pensacola Unified Tourism Budget

Program Contact:

- Steve Hayes, President

Contact Email:

- shayes@visitpensacola.com

Contact Phone:

- 850-435-8703

25-Word Description of Program:

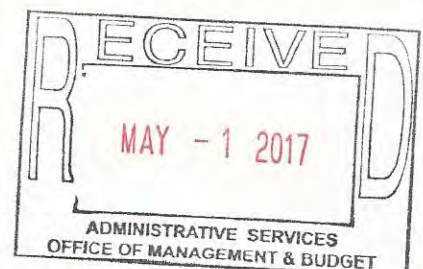
- Visit Pensacola serves as the lead organization for building tourism as an economic engine in Escambia County. We create and implement programs of work to increase visitation and spending by the visitors on the local economy.

Amount Requested:

- 62% of total collections & would include funding for ACE and Pensacola Sports. In addition, as the unified tourism budget we are requesting 100% of any excess collections at the end of the fiscal year.

Amount Received Last Year, if applicable:

- \$7,994,410.44





**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

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

- Visit Pensacola is Escambia County's designated Destination Marketing Organization, promoting the Pensacola Bay Area as a world-class destination to travelers nationally and internationally. The investment in Visit Pensacola by Escambia County allowed us to take a multi-faceted and unified approach to build awareness of the Pensacola Bay Area's unique and diverse offerings for the traveling public. This layered approach included Advertising, Direct Sales, Public Relations, Promotions, Research and servicing the visitor (info centers). In FY 2017 75% of the received funds are going to direct programming (customer acquisition & retention), 7% to operations and 18% to personnel.

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- Visit Pensacola is the umbrella organization that positions Escambia County as a dynamic option for travelers. To gain the desired positioning, Visit Pensacola brings together a wide variety of interests, including political, civic, business and visitor industry representatives and provides a leadership role in unifying assets within the destination to market as one. Visit Pensacola is requesting funds to support the sales/marketing efforts to attract leisure travelers, book business meetings, as well as leisure groups for weddings, reunions and act as an outlet to provide information to potential and in-market visitors. Our request is part of a greater request as a unified budget that includes Pensacola Sports and Art, Culture and Entertainment (ACE). The Estimated breakdown of expenses: 73% will go towards direct programming; 7% to operations, and 20% to personnel.

Explain how you are the best partnering agency for your program.

- Visit Pensacola's sole reason for existence is to be focused on increasing tourism whether through volume (# of visitors) or economic (spending by visitors). We have a board of directors, committees and staff dedicated to accomplishing the key tourism metrics.

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

- TDT dollars are the primary revenue stream for tourism promotion and if we did not receive our full request we would re-evaluate all areas of our business to determine what areas will need to be cut or reduced. While we generate private revenue through various other means (memberships, cooperative advertising and direct sales programs) it is not enough to make up any loss of TDT revenue.

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

- As a partner with Visit Florida (state's tourism marketing agency) and Brand USA (United States tourism marketing agency) we can partner with them on qualified marketing programs. Typically these programs require a 1:1 match and are specific to a program specific to that entity. Past programs have included medical tourism & air service development.



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Provide “Specific and Measurable” metrics in the following three sections:

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

For example, “reduce homelessness in Escambia County by “X”%”

- The primary goals of tourism promotion are (1) Increase the economic impact of visitors to our community; (2) As a destination management organization collaborate with local entities (business and governmental) for the development of tourism and quality of life for community residents; (3) Foster a collective collaboration among organizations, governmental entities and community members.

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

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

- (1) Number of visitors to our community and direct spending associated with those visitors; (2) Specific metrics related to the visitor industry including: TDT collections, Lodging Occupancy & Average Daily Rate (ADR); Length of Stay; Average Spend Per Party; First Time Visitors. We currently track 30 different metrics in our monthly reports; (3) Specific action items related to our 5-year strategic plan (Destination 2020).

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

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

- In calendar year 2016 we had over 2.07 million visitors who spent at least one day in Escambia County. These visitors generated \$787 million in direct spending.
- Key metrics that we measure and their change vs. 2015 include:
 - TDT Collections - up 8%;
 - Occupancy - up 5%;
 - Average Daily Rate - up 4%;
 - Length of Stay - up 8%;
 - Average spend per Party - up 18%;
 - First time visitors - up 12%.
 - On a monthly basis we track 20 different metrics and report to our board, industry and community.
- See attached Strategic Plan document for tactical items



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

BUDGET

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

<u>Income</u>	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources			
Programmatic Income	\$20,715.67	\$150,500.00	\$125,000.00
County Funding	\$6,988,593.23	\$7,994,410.00	\$7,406,247.00
City Funding			
State Funding			
Federal Funding			
Memberships	\$69,974.11	\$106,000.00	\$115,000.00
Investment Income			
Other Income	\$315,002.98	\$474,838.25	\$250,000.00
Total Income	\$7,394,285.99	\$8,725,748.25	\$7,896,247.00

Expenses	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	13.5 VPI – 6 PSA	19 VPI – 6.5 PSA	19 VPI – 6.5 PSA
Salaries and Wages	\$883,682.59	\$1,181,727.30	\$1,205,000.00
Employee Benefits	\$137,657.28	\$262,457.36	\$256,450.00
Professional Services	\$24,740.75	\$29,000.00	\$29,000.00
Contractual Services	\$461,000.00	\$309,305.18	\$180,000.00
Travel Expenses	\$49,547.75	\$70,800.00	\$70,800.00
Rentals and Leases	\$10.00	\$10.00	\$10.00
Communication	\$13,194.33	\$20,000.00	\$20,000.00
Postage and Freight	\$106,402.50	\$125,900.00	\$125,625.00
Repair and Maintenance	\$110,225.07	\$150,725.35	\$120,000.00
Printing and Binding	\$114,871.33	\$120,000.00	\$125,000.00
Marketing and Promotion	\$5,185,165.60	\$6,033,925.84	\$5,575,000.00
Fuel			
Supplies	\$161,097.11	\$170,747.22	\$177,362.00
Other Expenses			
Capitalizable Assets/Equipment	\$52,187.68	\$65,000.00	\$12,000.00
Total Expenses	\$7,299,781.99	\$8,539,598.25	\$7,896,247.00
Net Income/Revenue minus Expense	\$94,504.00	\$186,150.00	\$-



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- With additional staff we will need to provide necessary office equipment (desk, phone, computers)

Please explain any request listed in the "Other Expenses" line item.

- N/A

Destination 2020 Tactical Plan

FY 2017/2018

Focus Areas	Role	Collaborating Organization(s)
<i>Asset & Product Development</i>		
Develop educational tourism via cultural, heritage, historic and agricultural experiences and attractions	Collaborate	Historic Trust, ACE, EscaRosa
Build a new convention, conference or multi-use indoor public center	Collaborate	DMO, County, Pensacola Sports
Grow downtown Pensacola and Palafox District as a vibrant, yet quaint urban core	Collaborate	DIB, City
Improve first impressions of our community via the airport experience	Collaborate	Pensacola Int'l Airport, City
<i>Infrastructure & Community Development</i>		
Advocate for our viewpoint	Own	Showcase, DMO
Greater community collaboration and connectivity between groups associated with tourism and the community	Own	VP, DIB,
Economic Development: Jobs, Improved Wages, Attract New Business	Collaborate	Floridawest, County, City
Walkable/Bikeable Communities	Collaborate	DIB, County, City, PKA, PBA
Development of Downtown Waterfront as a walkable boardwalk area	Collaborate	DIB, City
Improved Signage and way finding	Collaborate	DIB, City, County, FDOT
Expand mass transit options: public and private resources (bus, trolley, ferry, taxi etc.)	Advocate	A variety of entities around the county
Increased accessibility for handicapped throughout our communities	Advocate	Disability Awareness Committee and other interested parties
<i>Community Collaboration, Connection & Partnership</i>		
Create frontline toolkit for tourism partners	Own	UWF
Use VisitPensacola.org as a portal for information	Own	Showcase, DMO
Stakeholder cross-marketing & cooperation	Collaborate	PBC, PKC, PC, PS, DMO

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) Visit Pensacola Inc	
Business name/disregarded entity name, if different from above Visit Pensacola	
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"/> Other (see instructions) ▶ _____	
Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) 1401 E. Gregory St.	Requester's name and address (optional)
City, state, and ZIP code Pensacola, FL 32502	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-					
Employer identification number								
4	6	-	3	6	8	4	8	2 6

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ *2/7/14*

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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

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

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

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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

DEPARTMENT OF THE TREASURY

Date:

APR 14 2015

VISIT PENSACOLA INC
1401 E GREGORY ST
PENSACOLA, FL 32502

Employer Identification Number:
46-3684826

DLN:

17053058354005

Contact Person:

BRYAN C WOESTE

ID# 31660

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

September 30

Form 990 Required:

Yes

Effective Date of Exemption:

August 26, 2013

Contribution Deductibility:

No

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

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

Contributions to you are not deductible by donors under section 170(c)(2) of the Code.

Sincerely,



Director, Exempt Organizations

VISIT PENSACOLA, INC.

FINANCIAL STATEMENTS

SEPTEMBER 30, 2016 AND 2015



VISIT PENSACOLA, INC.
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SEPTEMBER 30, 2016 AND 2015

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INDEPENDENT AUDITORS' REPORT

To the Finance Committee and Board of Directors
Visit Pensacola, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Visit Pensacola, Inc., [a 501(c)(6) nonprofit corporation], (hereinafter referred to as "VPI"), which comprise the statements of financial position as of September 30, 2016 and 2015, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of VPI as of September 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses on page 11 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Warren Averett, LLC

Pensacola, Florida
January 16, 2017

VISIT PENSACOLA, INC.
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2016 AND 2015

ASSETS			
	2016	2015	
CURRENT ASSETS			
Cash and cash equivalents	\$ 723,494	\$ 11,803	
Accounts receivable, net of allowance for doubtful accounts of \$2,410 and \$2,205, respectively	316,726	667,216	
Inventories	6,418	3,848	
Prepaid expenses	79,368	41,928	
Total current assets	1,126,006	724,795	
NONCURRENT ASSETS			
Property and equipment, net	-	1,409	
TOTAL ASSETS	\$ 1,126,006	\$ 726,204	
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable	\$ 567,377	\$ 306,103	
Accrued payroll and expenses	56,835	89,826	
Unearned revenue	99,448	22,435	
Total current liabilities	723,660	418,364	
NET ASSETS			
Unrestricted net assets	402,346	307,840	
TOTAL LIABILITIES AND NET ASSETS	\$ 1,126,006	\$ 726,204	

See notes to the financial statements.

VISIT PENSACOLA, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
REVENUES		
Tourism development revenue	\$ 6,988,594	\$ 4,480,233
Partnership and membership income	77,916	107,537
Advertising income	5,000	121,510
In-kind income	106,283	100,874
Grant income	175,662	150,033
Merchandise sales	7,774	9,115
Miscellaneous income	<u>33,058</u>	<u>4,319</u>
Total revenues	7,394,287	4,973,621
OPERATING EXPENSES		
Program expenses		
Tourism development	6,874,172	4,606,137
Supporting expenses		
Management and general	<u>425,406</u>	<u>184,629</u>
Total operating expenses	7,299,578	4,790,766
NON-OPERATING EXPENSES		
Loss on disposal of assets	<u>203</u>	<u>11,157</u>
CHANGE IN NET ASSETS	94,506	171,698
NET ASSETS, BEGINNING OF PERIOD	<u>307,840</u>	<u>136,142</u>
NET ASSETS, END OF PERIOD	<u><u>\$ 402,346</u></u>	<u><u>\$ 307,840</u></u>

See notes to the financial statements.

VISIT PENSACOLA, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 94,506	\$ 171,698
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Loss on disposal of assets	203	11,157
Bad debt expense	3,064	7,527
Depreciation	1,206	1,713
Decrease (increase) in:		
Accounts receivable	347,426	595
Inventories	(2,570)	181
Prepaid expenses	(37,440)	(17,628)
Increase (decrease) in:		
Accounts payable	261,274	(16,570)
Accrued payroll and expenses	(32,991)	52,975
Unearned revenue	77,013	(2,772)
Net cash provided by operating activities	711,691	208,876
CASH FLOWS FROM FINANCING ACTIVITIES		
Changes in cash deficit	-	(197,073)
NET INCREASE IN CASH AND CASH EQUIVALENTS	711,691	11,803
CASH AND CASH EQUIVALENTS, BEGINNING OF PERIOD	11,803	-
CASH AND CASH EQUIVALENTS, END OF PERIOD	<u>\$ 723,494</u>	<u>\$ 11,803</u>

See notes to the financial statements.

VISIT PENSACOLA, INC.
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2016 AND 2015

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND DESCRIPTION OF BUSINESS

Description of Business

Visit Pensacola, Inc. ("VPI") was formed August 26, 2013 as a Florida not-for-profit corporation to promote the common business interests of Escambia County, Florida's tourism industry, and to unify the private sector, visitor, tourism, meeting, and convention interests of the various incorporated and unincorporated areas of Escambia County, in order to speak with a collective, focused voice of authority on issues that affect the tourism industry.

The primary source of revenue is a portion of the local option tourist development tax imposed and collected on short term lodging by the Escambia County Board of County Commissioners ("the County"). January 1, 2014, was the effective date VPI commenced operations under the agreement with the County and Pensacola Sports Association (PSA). In accordance with this agreement, the revenue passed through PSA and was provided to VPI on a reimbursement basis as VPI incurred expenditures in carrying out its mission. Effective October 1, 2015, the reimbursements no longer passed through PSA and were provided directly to VPI from the County.

The Pensacola Chamber of Commerce ("the Chamber") was the previous administrator of the local option tourist development tax for the County and, effective January 1, 2014, under a Memorandum of Understanding with the Chamber, various assets, liabilities, and contractual commitments of the Chamber related to certain tourism related activities were transferred to VPI.

Basis of Accounting

The financial statements of VPI are prepared under the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (GAAP). Revenues are recognized when earned and expenses are recognized when incurred.

Basis of Presentation

VPI reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets represent revenues and expenses related to the operation and management of VPI's primary programs and supporting services. If funds are raised and set aside by the Board for future use, these are considered unrestricted. Temporarily restricted contributions that are expended for their restricted purpose in the same reporting period as received may be recorded as unrestricted.

Temporarily restricted net assets represent resources available for use, but expendable only for the purposes specifically stated by the donor. As of September 30, 2016 and 2015, VPI held no temporarily restricted net assets.

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND DESCRIPTION OF BUSINESS
– CONTINUED**

Permanently restricted net assets are assets subject to donor-imposed stipulations that they be maintained permanently by VPI. Generally, the donors of these assets permit VPI to use all or part of the income earned on any related investments for general or specific purposes. As of September 30, 2016 and 2015, VPI held no permanently restricted net assets.

Use of Estimates

Management uses estimates and assumptions in preparing these financial statements in accordance with GAAP. These estimates and assumptions affect the amounts reported in the financial statements and the note disclosures. Actual results could vary from these estimates.

Cash and Cash Equivalents

For purposes of the statement of cash flows, if applicable, VPI considers highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are reported at unpaid balances, less an allowance for doubtful accounts. Management evaluates the status of unpaid accounts and adjusts the allowance as necessary through a provision for bad debt expense.

Inventories

Inventories consist of primarily of souvenirs and promotional goods, including maps, brochures, and postcards and are valued at estimated cost.

Property and Equipment

VPI capitalizes all expenditures in excess of \$1,000 for property and equipment at cost. Repairs and maintenance expenses are expensed as incurred. Donated assets are recorded at fair value on the date of the gift. Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis. Furniture, fixtures and equipment are depreciated over 5-7 years.

Unearned Revenue

Unearned revenue consists mostly of grant funding and partnership dues which were received in advance. The grant funding will be recognized as the grant expenses are incurred while the partnership dues will be recognized over the terms of the partnerships.

Compensated Absences

The liability for compensated absences of \$41,464 and \$40,315 as of September 30, 2016 and 2015, respectively, is included in accrued payroll and expenses. This represents amounts owed to employees under VPI's paid time off policy.

VISIT PENSACOLA, INC.
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2016 AND 2015

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND DESCRIPTION OF BUSINESS
– CONTINUED

Donated Assets

Donated equipment and other noncash donations are valued at estimated fair value at the date of donation.

VPI uses certain equipment for its activities which was acquired and paid for by Escambia County. Title vests with the County and such assets are not recorded as assets of VPI. The County does not charge VPI for the use of the equipment. The value of the use of these assets is determined to be \$15,832 and \$9,823 for the years ended September 30, 2016 and 2015, respectively. This amount is recorded as in-kind income and related equipment and building repair in the schedule of functional expenses.

Donated Facilities

VPI occupies space at the Visitor Information Center under a lease agreement with the Chamber for \$10 annually. The annual lease automatically renews, unless otherwise terminated pursuant to the agreement. VPI has estimated the fair value of the lease for the years ended September 30, 2016 and 2015 to be \$90,451. This amount is recorded as in-kind income and related rent expense in the schedule of functional expenses.

Functional Allocation of Expenses

The costs of providing the program and supporting activities of VPI have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated by management among the program and supporting activities.

Advertising

The primary purpose of VPI is to promote and advertise the local community. As such, all program expenses are considered to be either direct or indirect forms of "advertising". Such costs are expensed as incurred.

Income Taxes

The Internal Revenue Service has determined VPI to be exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code. VPI is subject to taxation only on income from any business unrelated to their exempt purposes. VPI is not aware of any uncertain tax positions that would require disclosure or accrual in accordance with generally accepted accounting principles.

Reclassifications

Certain amounts in the 2015 financial statements have been reclassified to conform to the 2016 financial statement presentation.

Events Occurring After Reporting Date

VPI has evaluated events and transactions that occurred between September 30, 2016, and January 16, 2017, which is the date that financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

VISIT PENSACOLA, INC.
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2016 AND 2015

2. ACCOUNTS RECEIVABLE

Accounts receivable at September 30, 2016 and 2015 consisted of the following:

	2016	2015
Tourism development receivable	\$ 309,940	\$ 431,412
Advertising receivable	5,000	26,250
Partnership dues	3,591	15,726
Other	605	7,362
Grant receivable	-	188,671
	<u>319,136</u>	<u>669,421</u>
Less allowances	(2,410)	(2,205)
Net accounts receivable	<u>\$ 316,726</u>	<u>\$ 667,216</u>

3. PROPERTY AND EQUIPMENT

Property and equipment at September 30, 2016 and 2015 consisted of the following:

	2016	2015
Equipment	\$ 2,541	\$ 3,150
Less accumulated depreciation	(2,541)	(1,741)
Net property and equipment	<u>\$ -</u>	<u>\$ 1,409</u>

4. CONCENTRATIONS OF RISK

VPI's activities are primarily funded by a discretionary appropriation of the Escambia County local option tourist development tax. VPI's ability to continue to operate at current levels is dependent on continued funding from this source.

VPI maintains cash balances at two financial institutions, which, at times, may exceed federally insured limits. The balances held with each financial institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. VPI's cash balances before outstanding checks exceeded federally insured limits by \$578,776 and \$233,685 at September 30, 2016 and 2015, respectively. Furthermore, VPI has not experienced any losses in such accounts and believes it is not exposed to any significant risk.

VISIT PENSACOLA, INC.
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2016 AND 2015

5. SUBRECIPIENT EXPENSE

During the year ended September 30, 2016, VPI became the fiscal agent for Arts, Culture, and Entertainment, Inc. (ACE), Perdido Key Area Chamber of Commerce, Inc. (Perdido), and PSA. In accordance with separate Miscellaneous Appropriations Agreements between VPI and ACE, Perdido, and PSA, tourism development revenue is provided by the County and passed through VPI to ACE, Perdido and PSA on a reimbursement basis. In accordance with Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 958-605, these transactions do not meet the criteria of being an agency transaction and, therefore, are considered transactions of VPI. Thus, the expenses incurred by each entity and reimbursed by VPI are recorded as subrecipient expense in the schedule of functional expenses.

Subrecipient expenses for the year ended September 30, 2016 consisted of the following:

	<u>ACE</u>	<u>Perdido</u>	<u>PSA</u>	<u>Total</u>
Direct programming expense	\$ 1,141,423	\$ 32,762	\$ 414,961	\$ 1,589,146
Operations expense	-	3,624	60,000	63,624
Personnel expense	-	60,403	190,000	250,403
Total subrecipient expense	<u>\$ 1,141,423</u>	<u>\$ 96,789</u>	<u>\$ 664,961</u>	<u>\$ 1,903,173</u>

6. RELATED PARTY TRANSACTIONS

VPI enters into certain promotional partnership and marketing transactions with organizations that may be affiliated with members of VPI's Board of Directors. These transactions are conducted at arms-length and are in the normal course of business.

7. RETIREMENT PLAN

VPI administers a 401(k) plan for the benefit of its employees. All employees are eligible to participate if they have completed one year of service and are at least 21 years of age. The plan provides for a safe harbor matching employer contribution equal to 100% of salary deferrals that do not exceed 4% of compensation for each payroll period. The matching contributions totaled \$10,801 and \$7,488 for the years ended September 30, 2016 and 2015, respectively.

SUPPLEMENTARY INFORMATION

VISIT PENSACOLA, INC.
SCHEDULE OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2016
WITH COMPARATIVE TOTALS
FOR THE YEAR ENDED SEPTEMBER 30, 2015

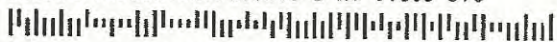
	Program Services	Supporting Services		
	Tourism	Management & General	2016 Total	2015 Total
Bank and credit card fees	\$ -	\$ 4,454	\$ 4,454	\$ 909
Marketing research	430,762	-	430,762	661,394
Advertising	1,694,421	-	1,694,421	1,532,712
Public relations	293,870	-	293,870	204,220
Production	644,001	-	644,001	591,595
Festivals and events	203,709	7,380	211,089	251,187
Promotions	112,452	-	112,452	57,288
Brochures and collateral	114,703	-	114,703	100,661
Advertising agency fees	460,500	-	460,500	150,000
Registration	60,027	-	60,027	35,830
Dues and subscriptions	27,757	-	27,757	23,971
Travel, meals and entertainment	48,685	862	49,547	63,965
Partnership expense	18,886	4,023	22,909	9,822
Equipment and building repair	105,205	29,959	135,164	37,263
Information technology	33,532	9,549	43,081	102,522
Insurance	14,226	4,051	18,277	13,303
Professional services	-	24,741	24,741	41,829
Office supplies	25,523	10,709	36,232	23,625
Postage	82,819	23,584	106,403	47,014
Rent	70,411	20,050	90,461	90,461
Utilities	27,796	7,915	35,711	36,643
Personnel expense	570,905	201,631	772,536	702,914
Miscellaneous expense	-	2,543	2,543	1,872
Sales tax	-	494	494	526
Bad debt expense	-	3,064	3,064	7,527
Depreciation	-	1,206	1,206	1,713
Subrecipient expense - ACE	1,141,423	-	1,141,423	-
Subrecipient expense - Perdido	82,697	14,092	96,789	-
Subrecipient expense - PSA	609,862	55,099	664,961	-
TOTAL OPERATING EXPENSES	\$ 6,874,172	\$ 425,406	\$ 7,299,578	\$ 4,790,766

See independent auditors' report



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

125282.729583.96794.8566 1 AB 0.403 370



VISIT PENSACOLA INC
% RON ELLINGTON
1401 E GREGORY ST
PENSACOLA FL 32502-4368



125282

Notice	CP211A
Tax period	September 30, 2016
Notice date	February 6, 2017
Employer ID number	46-3684826
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

Important information about your September 30, 2016 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
September 30, 2016 Form 990.

Your new due date is May 15, 2017.

What you need to do

File your September 30, 2016 Form 990 by May 15, 2017. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Client Copy

Client: 4826

Prepared for: Visit Pensacola, Inc.
1401 E Gregory Street
Pensacola, FL 32502
850-434-7626

Prepared by: Jason Loeffler CPA
Jason R Loeffler CPA PA
9511 Holsberry Rd, Ste B1
Pensacola, FL 32534
(850) 478-6811

Date: May 9, 2016

Comments:

Route to: _____

2014 Exempt Org. Return
prepared for:

Visit Pensacola, Inc.
1401 E Gregory Street
Pensacola, FL 32502

Jason R Loeffler CPA PA
9511 Holsberry Rd, Ste B1
Pensacola, FL 32534

Jason R Loeffler CPA PA
9511 Holsberry Rd, Ste B1
Pensacola, FL 32534
(850) 478-6811

Client 4826
May 9, 2016

Visit Pensacola, Inc.
1401 E Gregory Street
Pensacola, FL 32502
850-434-7626

FEDERAL FORMS

Form 990	2014 Return of Organization Exempt from Income Tax
Schedule D	Schedule D
Schedule O	Supplemental Information
Form 8868	Application for Extension
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

Visit Pensacola, Inc.

46-3684826

	2014	2013	Diff
REVENUE			
Contributions and grants.....	4,842,996	4,003,175	839,821
Investment income.....	-11,157	0	-11,157
Other revenue.....	130,625	0	130,625
Total revenue.....	4,962,464	0	4,962,464
EXPENSES			
Salaries, other compen., emp. benefits...	702,914	482,431	220,483
Other expenses.....	4,087,852	3,384,602	703,250
Total expenses.....	4,790,766	3,867,033	923,733
NET ASSETS OR FUND BALANCES			
Revenue less expenses.....	171,698	136,142	35,556
Total assets at end of year.....	726,204	0	726,204
Total liabilities at end of year.....	418,364	0	418,364
Net assets/fund balances at end of year.	307,840	0	307,840

2014

General Information

Page 1

Visit Pensacola, Inc.

46-3684826

Forms needed for this return

Federal: 990, Sch D, Sch O, 8868

Carryovers to 2015

None

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return**Form 990**

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return**Form 8868**

No signature is required with Form 8868.

Even Return

No payment is required.

After transmission of the return**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Visit Pensacola, Inc.

46-3684826

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

	Program Services Total	Form 990	Source
Total Expenses	4,606,137.	4,606,137.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	0.	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
Professional Fees	41,829.		41,829.	
Total	\$ 41,829.	\$ 0.	\$ 41,829.	\$ 0.

Form 990, Part IX, Line 24e
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bad Debt	7,527.		7,527.	
Bank Fees	909.		909.	
Miscellaenous	1,872.		1,872.	
Sales Tax	526.		526.	
Total	\$ 10,834.	\$ 0.	\$ 10,834.	\$ 0.

Visit Pensacola, Inc.

46-368482

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec. Bal. Dep.	Salvage /Basis Reductn.	Dep. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
Form 990/990-PF																
Furniture and Fixtures																
1	Furniture and Fixtures	1/01/14	7/01/15	11,415							11,415	224	2000B HY	7	.24490	36
2	Furniture and Fixtures	1/01/14		3,150							3,150	62	2000B HY	7	.24490	1,679
Total Furniture and Fixtures				14,565		0	0	0	0	0	14,565	286				1,713
Total Depreciation				14,565		0	0	0	0	0	14,565	286				1,713
Grand Total Depreciation				14,565		0	0	0	0	0	14,565	286				1,713
Depreciation Assets Sold				11,415		0	0	0	0	0	11,415	224				36
Dep'r Remaining Assets				3,150		0	0	0	0	0	3,150	62				1,679

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning 10/01, 2014, and ending 9/30, 2015.

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2014**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Visit Pensacola, Inc.

Name and title of officer

Employer identification number

46-3684826Ajit PatelTreasurer**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>4,962,464.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Jason R Loeffler CPA PA to enter my PIN 04826 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50848441974

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Jason Loeffler CPA

Date ▶

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2014)

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 Visit Pensacola, Inc.
1401 E Gregory Street
Pensacola, FL 32502

D Employer identification number
46-3684826

E Telephone number
850-434-7626

G Gross receipts \$ 4,973,621.

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)(6) (insert no.) 4947(a)(1) or 527

J Website: www.visitpensacola.com

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

L Year of formation: 2013 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To promote the common business interests of Escambia County, Florida's tourism industry, and to unify the private sector, visitor, tourism, meeting and convention interests of the various incorporated and unincorporated areas of Escambia County.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 19

6 Total number of volunteers (estimate if necessary) 6 0

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

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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	4,003,175.	4,842,996.
9 Program service revenue (Part VIII, line 2g) 9		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10		-11,157.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11		130,625.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	4,003,175.	4,962,464.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13		
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	482,431.	702,914.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		
b Total fundraising expenses (Part IX, column (D), line 25) 16b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	3,384,602.	4,087,852.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	3,867,033.	4,790,766.
19 Revenue less expenses. Subtract line 18 from line 12. 19	136,142.	171,698.
20 Total assets (Part X, line 16) 20	Beginning of Current Year 717,946.	End of Year 726,204.
21 Total liabilities (Part X, line 26) 21	581,804.	418,364.
22 Net assets or fund balances. Subtract line 21 from line 20. 22	136,142.	307,840.

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: Ajit Patel Date: 8/14/16

Type or print name and title: Treasurer

Paid Preparer Use Only

Print/Type preparer's name: Jason Loeffler CPA Preparer's signature: Jason Loeffler CPA Date: Check ☐ if self-employed PTIN: P01290836

Firm's name: Jason R Loeffler CPA PA Firm's EIN: 46-1416272

Firm's address: 9511 Holsberry Rd, Ste B1 Phone no.: (850) 478-6811

Pensacola, FL 32534

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

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

TEEA0113L 05/28/14

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

To promote the common business interests of Escambia County, Florida's tourism industry, and to unify the private sector, visitor, tourism, meeting and convention interests of the various incorporated and unincorporated areas of Escambia County.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,606,137. including grants of \$) (Revenue \$)

In calendar year 2015 the metric related to tourism showed healthy increases over 2014. Key items included TDT collections up 9%; Average spending per Overnight Party up 40%; Length of Stay up 8%; ADR up 6% and visitors spending up 26%.

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 4,606,137.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		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		
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?		

Part IV Checklist of Required Schedules (continued)

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

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Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 19		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b X		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.	13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent. 1 b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. See Schedule O. 15 a	X	
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 Kimberly Sparks 1401 E Gregory Street Pensacola FL 32502 850-434-7626

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Tosh Belsinger Chair	1 0	X		X				0.	0.	0.
(2) John Panyko Vice Chair	1 0	X		X				0.	0.	0.
(3) Ajit Patel Treasurer	1 0	X		X				0.	0.	0.
(4) Monica Sherman Secretary	1 0	X		X				0.	0.	0.
(5) Ronnie Cole Trustee	1 0	X						0.	0.	0.
(6) J.D. Halam Trustee	1 0	X						0.	0.	0.
(7) Robert Overton, Jr. Trustee	1 0	X						0.	0.	0.
(8) Jim Homyak Trustee	1 0	X						0.	0.	0.
(9) Jason Nicholson Trustee	1 0	X						0.	0.	0.
(10) Lt. Gen. Duane Thiessen Trustee	1 0	X						0.	0.	0.
(11) Robin Reshard Trustee	1 0	X						0.	0.	0.
(12) Steve Hayes President	40 0			X				121,200.	0.	10,745.
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								121,200.	0.	10,745.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								121,200.	0.	10,745.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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.

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

	Yes	No
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of RevenueCheck 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	111,856.			
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	150,033.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	4,581,107.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		4,842,996.			
Program Service Revenue	2 a Business Code					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory						
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)		-11,157.	-11,157.			
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 Advertising Revenue		519100	121,510.	121,510.		
b Gift Shop Sales		453220	9,115.	9,115.		
c						
d All other revenue						
e Total. Add lines 11a-11d			130,625.			
12 Total revenue. See instructions			4,962,464.	119,468.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	131,945.	131,945.	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.	532,156.	434,367.	97,789.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	38,813.	33,098.	5,715.	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	41,829.		41,829.	
12 Advertising and promotion.	2,771,456.	2,771,456.		
13 Office expenses.	70,639.	60,162.	10,477.	
14 Information technology.	102,522.	98,178.	4,344.	
15 Royalties.				
16 Occupancy.	90,461.	85,937.	4,524.	
17 Travel.	63,965.	63,683.	282.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	35,830.	35,830.		
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,713.		1,713.	
23 Insurance.	13,303.	9,914.	3,389.	
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 <u>Marketing Research</u>	661,394.	661,394.		
b <u>Agency Fees</u>	150,000.	150,000.		
c <u>Repairs & Maintenance</u>	37,263.	35,400.	1,863.	
d <u>Utilities</u>	36,643.	34,773.	1,870.	
e All other expenses.	10,834.		10,834.	
25 Total functional expenses. Add lines 1 through 24e.	4,790,766.	4,606,137.	184,629.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing		1	11,803.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	675,338.	4	667,216.
	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	4,029.	8	3,848.
	9 Prepaid expenses and deferred charges	24,300.	9	41,928.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,150.		
	b Less: accumulated depreciation	10b 1,741.	14,279.	10c 1,409.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	717,946.	16	726,204.	
Liabilities	17 Accounts payable and accrued expenses	359,524.	17	395,929.
	18 Grants payable		18	
	19 Deferred revenue	25,207.	19	22,435.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	197,073.	25	
	26 Total liabilities. Add lines 17 through 25	581,804.	26	418,364.
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	136,142.	27	307,840.
	28 Temporarily restricted net assets		28	
	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	136,142.	33	307,840.	
34 Total liabilities and net assets/fund balances	717,946.	34	726,204.	

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Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,962,464.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,790,766.
3	Revenue less expenses. Subtract line 2 from line 1	3	171,698.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136,142.
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	307,840.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	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		
b 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2014)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Employer identification number

Visit Pensacola, Inc.

46-3684826

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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).

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

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

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

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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:

(i) unrelated organizations.....

(ii) related organizations.....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....				
e Other.....		3,150.	1,741.	1,409.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,409.

BAA

Schedule D (Form 990) 2014

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

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

Part IX Other Assets.

N/A

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

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

Part X Other Liabilities.

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

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

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

BAA

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

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

1	Total revenue, gains, and other support per audited financial statements.....		1	4,962,464.
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	4,962,464.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	4,962,464.

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

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

1	Total expenses and losses per audited financial statements.....		1	4,881,227.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2a	90,461.	
	b Prior year adjustments.....	2b		
	c Other losses.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....		2e	90,461.
3	Subtract line 2e from line 1.....		3	4,790,766.
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	4,790,766.

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

Visit Pensacola, Inc.

Employer identification number

46-3684826

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

Form 990 is made available for review upon request by any governing body member or officer.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Conflict of Interest Policy is covered in the employee handbook under "Business Ethics and Conduct". All employees have signed a document acknowledging that they have read and understand the policies covered.

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

The oversight/compensation committee is responsible for the review and recommendation on the President's annual compensation. The committee has a variety of industry data including comparable positions, geographic location, cost of living and overall performance to assist in making their final recommendations.

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

The Organization's governing documents, conflict of interest policy, Form 990, and financial statements are made available to members and non-members upon request.

**Application for Extension of Time To File an
Exempt Organization Return**▶ **File a separate application for each return.**

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Visit Pensacola, Inc.	46-3684826
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	1401 E Gregory Street City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Pensacola, FL 32502	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Kimberly Sparks

Telephone No. ▶ 850-434-7626

Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 16, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning 10/01, 20 14, and ending 9/30, 20 15.

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

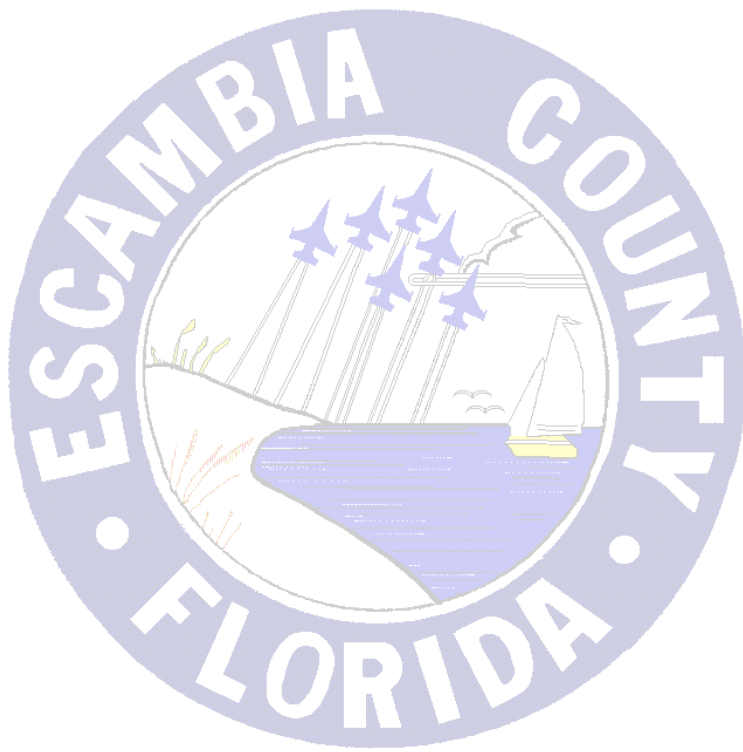
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

FIF20501L 12/31/13

Form 8868 (Rev 1-2014)





**FISCAL YEAR 2017 – 2018
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 2015 or 2016 tax return
- A letter of determination from the IRS confirming your organization's federally tax exempt status

Agency Name:

African American Heritage Society, Inc.

Agency Address:

200 East Church St.
Pensacola, FL 32502

Program Name:

Heritage Programs of the African American Heritage Society, Inc.

Program Contact:

Angie West-Robinson

Contact Email:

aahs990@earthlink.net

Contact Phone:

850.469.1456

25-Word Description of Program:

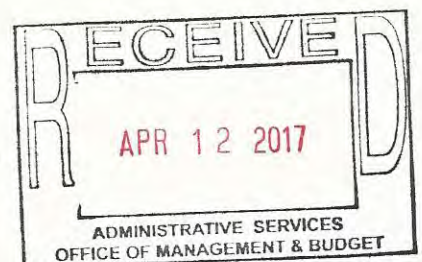
A series of programs, projects, presentations, and exhibits designed to increase public knowledge, awareness and appreciation of African American history and culture in Northwest Florida.

Amount Requested:

- \$30,000.00

Amount Received Last Year, if applicable:

- \$25,000.00





FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

The funds received last year were used for executing our public programs, and the operations of the Society. Programmatic goals reached last year include:

- Isaac Murphy Burns: The Prince of Jockeys (presentation & discussion)
- Exhibit: Isaac Murphy Burns: Prince of Jockeys, November 1-December 15
- Black Farmers: Coming Home (presentation & discussion)
- The Heritage Scholars Saturday Programs (3 sessions) and Heritage Scholars History Summer Camp (5 days)
- Participation in project By These hands with UWF Archeology Institute
- Black History Month Speaker's Bureau
- Publication and distribution of third edition of African American Heritage Trail brochure

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

The funds requested will be used to execute our public programs, expand the Heritage Scholars Program by developing the Heritage Helpers and Heritage Leaders groups, hiring an Executive Director and operations of the Coulson House.

Scheduled public programs for the coming fiscal year beginning October 1 include:

- *Storyteller's Circle: An Evening of Oral Traditions*
- Public Humanities Program Series
- Publishing of 4th Edition of African American Heritage Trail Brochure
- Cultivation of the Heritage Helpers Program, which allows students ages 14-17 to volunteer at the gallery, participate in monthly quorum meetings and special programming.
- Cultivation of the Heritage Leaders Program, which allows young adults ages 18-35 to participate in forums, special activities and programming.
- Continuation of The Heritage Scholars Saturday Sessions (3 days) and Heritage Scholars History Summer Camp (5 days)

Explain how you are the best partnering agency for your program.

The African American Heritage Society, Inc. will be entering its 27th year of operation. The AAHS has a long history of playing an intricate part in cultural tourism to visiting snowbirds and tourists through our:

- Coulson House Heritage Gallery Museum
- The AAHS Heritage Trail brochure
- The detailed history of Black Pensacola through five publications of *When Black Folks Was Colored* and *Images in Black I, II*



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

A shortfall of funding at this juncture of the fiscal year will cause a decrease in the number of Heritage Program offerings, a possible decrease in the hours of employment, which would affect the hiring of an Executive Director for the organization until other sources of revenue can possibly be procured.

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

This grant can be used for the Florida Humanities grant which requires a dollar for dollar match

Provide "Specific and Measurable" metrics in the following three sections:

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

For example, "reduce homelessness in Escambia County by "X"%"

- To continue to offer programs and events that significantly contribute to and diversify cultural tourism in Northwest Florida.
- To continue to enhance the programs that diversify the cultural, commercial, and community landscape to further The Society's cultural tourism potential
- To continue to increase partnerships with local, diverse institutions to satisfy individual, organizational and community development needs

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

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

- The success of our programs will be measured by the attendance of the public at program offerings and exhibits at Coulson House Museum
- Each program will be evaluated by the public with a questionnaire which will be analyzed and codified for further study and use in developing programs that contribute to cultural tourism and community economic development.

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

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

- Increase and diversify our list of long term partners from the current list of 3 to 5



**FISCAL YEAR 2017 – 2018
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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources	\$12,913.64	\$8,000.00	\$10,000.00
Programmatic Income	\$12,060.46	\$8,700.00	\$5,000.00
County Funding	\$24,257.54	\$25,000.00	\$30,000.00
City Funding	\$1,000.00	\$1,000.00	\$1,000.00
State Funding	\$500.00	0	\$5,000.00
Federal Funding	0	0	0
Memberships	\$935.00	\$2,000.00	\$2,500.00
Investment Income	0	0	0
Other Income	\$855.73	\$2,850.00	\$4,000.00
Total Income	\$52,522.37	\$47,550.00	\$57,500.00

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	1	1	1
Salaries and Wages	\$11,779.42	\$13,000.00	\$18,500.00
Employee Benefits	\$3,327.22	\$4,000.00	\$5,000.00
Professional Services	\$2,839.96	\$1,200.00	\$5,000.00
Contractual Services	\$6025.12	\$5,000.00	\$5,500.00
Travel Expenses	0	0	0
Rentals and Leases	0	0	0
Communication	\$1,985.96	\$2,000.00	\$2,500.00
Postage and Freight	\$393.60	\$1,000.00	\$2,000.00
Repair and Maintenance	\$1,778.52	\$1,500.00	\$2,000.00
Printing and Binding	\$941.43	\$3,000.00	\$3,000.00
Marketing and Promotion	\$500.00	\$800.00	\$1,000.00



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Fuel	0	0	0
Supplies	\$1,029.00	\$1,000.00	\$1,000.00
Other Expenses	\$18,139.77	\$11,850.00	\$12,000.00
Capitalizable Assets/ Equipment	0	0	0
Total Expenses	\$48,740.00	\$44,350.00	\$57,500.00
Net Income/Revenue minus Expense	\$3,782.37	\$3,200	0

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

N/A

Please explain any request listed in the "Other Expenses" line item.

- Utilities for Coulson House- (City of Pensacola, ECUA, Gulf Power, Cox Cable)
- Heritage Programs- (Heritage Scholars, Heritage Helpers, Heritage Leaders)
- Heritage Humanities Public Program Series

African American Heritage Society, Inc.

200 East Church St. Pensacola, FL 32502

850.469.1456 aaahs990@earthlink.net

Escambia County Agency Request Form Additional Information

List the Historic Buildings that have been saved/preserved/lost in the past few years by name and location.

- Kate Coulson House (saved)- 200 East Church St, Pensacola, FL 32502
The Kate Coulson House in Historic Pensacola Village was completely renovated by the African American Heritage Society and has been our headquarters since 2000. \$128,000 was raised for this project and the Society has been responsible for its maintenance. The building houses administrative offices, multipurpose space, a small museum and gift shop.
- Daniel “Chappie” James, Jr. House (saved)- 1606 N. Martin Luther King Blvd. Pensacola, FL 32501
This location is not only the birthplace of “Chappie” James, but a home where his mother (Lillie A. James) ran a school for black children. It is currently the home of a Memorial Garden and historical marker.
- Julee Patton Cottage (preserved)- 210 E. Zaragoza St. Pensacola, FL 32502
This historic cottage built around 1804 belonged to free woman of color, Julee Patton. Moved from its original location on Zaragoza, the Julee Patton cottage sits currently in the Historic Pensacola Village. The home is now an African American museum which is open for visitors daily.
- John Sunday House-(lost)- 302 W. Romana St. Pensacola, FL
John Sunday was one of the most prominent African Americans in Pensacola during the 19th and 20th centuries. He was an architect, entrepreneur, military veteran and community leader. His home, which stood on Romana St. for over 100 years, was demolished by private owners in 201 to build townhomes.

List the Historic Buildings that are in the process of being saved/preserved or need to be by name and location from the prior year until now

- Ella Jordan House [1890s]- 423 N C St, Pensacola, FL 32501

Provide deliverables for support levels.

The Society compiled and printed the first ever African American Heritage Trail brochure in conjunction with the Visitors Information Center. The brochure is in its third edition with the fourth edition being formulated. The Society has paid for these brochures and they have been distributed at strategic locations for tourists. These brochures have been used in marketing Pensacola by the VIC in the past.

Provide statistics on the Tourism Impact created by your entities function in the Community.

- The Kate Coulson House is open for visits Monday- Saturday from 10am-4pm. The average number of visitors per week average about 28 guests. Guests travel from various states and countries to visit which include:

A. Florida: *Pensacola, Fort Walton Beach, Jacksonville, Miami, Daytona Beach, Center Hill, Orlando, Navarre, Cantonment, De Land, Sanford, Tampa, Havana*
B. Alabama: *Gulf Shores, Mobile, Munford, Birmingham*
C. Georgia: *Atlanta, Hampton*
D. Mississippi: *Senatobia, Vicksburg*
E. Louisiana: *New Orleans, Covington, Harvey*
F. Texas
G. Oklahoma

H. Ohio
I. California
J. Kentucky
K. Tennessee: *Knoxville, Chattanooga*
L. South Carolina
M. Indiana
N. Wisconsin
O. Canada
P. Germany
Q. Language, Georgia
R. Levice, Slovakia
S. London, England

The African American Heritage Society, Inc. hosts several public, educational programs, which are heavily attended by many Pensacola tourists, including seasonal “snowbirds”.





Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

85-8012531914C-1	05/31/2016	05/31/2021	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

AFRICAN AMERICAN HERITAGE SOCIETY INC
200 CHURCH ST
PENSACOLA FL 32502-6017

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



Important Information for Exempt Organizations

DR-14
R. 10/15

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

THE AFRICAN AMERICAN HERITAGE SOCIETY, INC.

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

SEPTEMBER 30, 2016

THE AFRICAN AMERICAN HERITAGE SOCIETY, INC.

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

SEPTEMBER 30, 2016

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Jason R Loeffler, CPA, P.A.

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

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

I have reviewed the accompanying statement of financial position of The African American Heritage Society, Inc. (a nonprofit organization) as of September 30, 2016, and the related statements of activities for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion.

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

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

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

 CPA

Pensacola, Florida
November 30, 2016

9511 Holsberry Rd. Suite B-1, Pensacola, Florida 32534
Telephone 850.478.6811 Fax 850.478.0224
jloeffler@jasonRloefflercpa.com

STATEMENT OF FINANCIAL POSITION
AFRICAN AMERICAN HERITAGE SOCIETY, INC.
SEPTEMBER 30, 2016

ASSETS

Assets	
Cash	\$ <u>16,439</u>
Total Assets	<u><u>\$ 16,439</u></u>

LIABILITIES AND NET ASSETS

Net Assets	
Unrestricted:	
Undesignated	16,439
Total net assets	<u>16,439</u>
Total Liabilities and Net Assets	<u><u>\$ 16,439</u></u>

See independent accountant's review report.

STATEMENT OF ACTIVITIES
AFRICAN AMERICAN HERITAGE SOCIETY, INC.
YEAR ENDED SEPTEMBER 30, 2016

CHANGES IN UNRESTRICTED NET ASSETS

Revenue

Fundraising Events	\$ 13,770
Grant Revenue	37,818
Membership Dues	<u>935</u>
Total revenue and support	52,523

EXPENSES

Personnel	11,779
Payroll Taxes	3,327
Internship	5,025
Utilities	5,037
Marketing	500
Postage	393
Insurance	857
Printing	941
Professional Fees	1,500
Other Program Expenses	15,379
Office Supplies	1,029
Security	558
Travel	223
Repairs and Maintenance	1,779
Other Taxes and Licenses	70
Office Expense	<u>343</u>

Total expenses	<u>48,740</u>
----------------	---------------

CHANGE IN UNRESTRICTED NET ASSETS	3,783
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UNRESTRICTED NET ASSETS, BEGINNING OF YEAR	<u>12,656</u>
--	---------------

UNRESTRICTED NET ASSETS, END OF YEAR	<u><u>\$ 16,439</u></u>
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See independent accountant's review report.

Short Form**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2015 calendar year, or tax year beginning **October 1**, 2015, and ending **September 30**, 2016**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**African American Heritage Society**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

200 Church Street

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

Pensacola, Florida 32502-6017**D** Employer identification number**59-3022641****E** Telephone number**850469-1456****F** Group Exemption

Number ▶

509(a)2**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.aahspensacola.org**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50,731.62
	2	Program service revenue including government fees and contracts	2	0.00
	3	Membership dues and assessments	3	1790.73
	4	Investment income	4	0.00
	5a	Gross amount from sale of assets other than inventory	5a	0.00
	b	Less: cost or other basis and sales expenses	5b	0.00
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0.00
b	Gross income from fundraising events (not including \$ 0.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0.00	
c	Less: direct expenses from gaming and fundraising events	6c	0.00	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.00	
7a	Gross sales of inventory, less returns and allowances	7a	0.00	
b	Less: cost of goods sold	7b	0.00	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8	Other revenue (describe in Schedule O)	8	0.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,522.35	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0.00
	11	Benefits paid to or for members	11	0.00
	12	Salaries, other compensation, and employee benefits	12	15,106.64
	13	Professional fees and other payments to independent contractors	13	8629.89
	14	Occupancy, rent, utilities, and maintenance	14	8806.59
	15	Printing, publications, postage, and shipping	15	2904.11
	16	Other expenses (describe in Schedule O)	16	13,285.94
17	Total expenses. Add lines 10 through 16	17	48,733.17	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,789.18
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	12,656.46
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,445.64

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,656.46	22 16,445.64
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	12,656.46	25 16,445.64
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,656.46	27 16,445.64

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? To preserve, perpetuate African American history

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

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

28 Prince of Jockeys: Isaac Burns Murphy Exhibit at Coulson House - 6 weeks - 252 people in attendance Lecture at Bowden Building 25 people in attendance		
(Grants \$ 6,478.94) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	6,478.94
29 Heritage Scholars Camp - Coulson House Five Days - 12 Children in attendance		
(Grants \$ 1,499.00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,499.00
30 Heritage Scholars Research Internship One person for One year		
(Grants \$ 5,025.00) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,025.00
31 Other program services (describe in Schedule O)		
(Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0.00
32 Total program service expenses (add lines 28a through 31a)	32	13,285.94

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gael Frazer, J.D. President, Board of Directors	5	0	0	0
Angela McCorvey, Ph.D. Vice President	1	0	0	0
Doris Munoz Secretary	1	0	0	0
Loretta T Epps, M.D. Treasurer	7	0	0	0
Angela West-Robinson Project Director	18	15,106.64	0	0
Joyce Daniels Board Member	0	0	0	0
Sonya Akintonde Board Member	0	0	0	0
Fred Gant, J.D. Board Member	0	0	0	0
Lisa Mair Board Member	0	0	0	0
Laurel Boyd, Ph.D. Board Member	0	0	0	0
Karen LaDuff, Ph.D. Board Member	0	0	0	0
Latricia Gill Brown Board Member	0	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Loretta T Epps</u> Telephone no. ▶ <u>8504691456</u> Located at ▶ <u>200 E Church Street</u> ZIP + 4 ▶ <u>32502-017</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

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

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

f Total number of other employees paid over \$100,000 **NONE**

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ **Yes** ☐ **No**

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

Sign Here Signature of officer _____ Date _____
Lornetta T Epps, Treasurer, Board of Directors
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____
 Firm's name _____ Firm's EIN _____
 Firm's address _____ Phone no. _____

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

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
WSRE-TV FOUNDATION, INC

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

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

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

5 Address (number, street, and apt. or suite no.)
1000 College Blvd.

6 City, state, and ZIP code
Pensacola FL 32504

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
				-				
or								
Employer identification number								
5	9	-	2	9	9	3	2	0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ *Ramona F. Shand* Date ▶ *1/22/15*

General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

African American Heritage Society

Employer identification number

59-3022641

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,295.00	73,769.98	32,461.32	50,900.00	52,522.35	237,948.65
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	28,295.00	73,769.98	32,461.32	50,900.00	52,522.35	237,948.65
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.						237,948.65

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	28,295.00	73,769.98	32,461.32	50,900.00	50,731.69	237,948.65
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						237,948.65
12 Gross receipts from related activities, etc. (see instructions)					12	0.00
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	100 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

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

Part VI

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

African American Heritage Society

59-3022641

Program Service Accomplishments from Part III 990EZ

1. Heritage Scholars Camp - Five days July, 2016, Coulson House and Historic Pensacola Village - 12 children in attendance

Expended 1,499.00 in grant funds from Escambia County Commission

2. Isaac Burns Murphy: Prince of Jockeys, November 1 - December 15, exhibit at Coulson House for six weeks with one lecture at Bowden

Building Classroom. Expended \$6,478.94 in grant funds from Florida Humanities Council, Escambia County Commission - 277 persons

in attendance

3. Heritage Scholar Internship from University of West Florida for one year - expended \$5,025 from the Florida African American Heritage

Preservation Network

Total Funds Expended \$13,285.94 from Part I, line 16



FISCAL YEAR 2017 – 2018 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 2015 or 2016 tax return
- A letter of determination from the IRS confirming your organization's federally tax exempt status

Agency Name:

- Art, Culture, and Entertainment, Inc.

Agency Address:

- 6120 Enterprise Drive, Pensacola, FL 32505

Program Name:

- Arts and Culture Tourist Development

Program Contact:

- David M. Bear

Contact Email:

- davidbearace@aol.com

Contact Phone:

- (850) 472-1128

25-Word Description of Program:

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

Amount Requested:

- 12% of Visit Pensacola's initial allocation and 25% of "Overage" allocation (Agreement with VP)

Amount Received Last Year, if applicable:

- \$1,206,527.94



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

- Last year, funds were used to support the arts and cultural programming organizations to improve and drive cultural tourism through a general operating support grant program. Additional funds were secured from the overage of TDT funds and are being used for Foo Foo Fest. Foo Foo Fest is designed to drive cultural tourism and broaden the base of our tourist season.

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- This year's request will be used in a similar manner. They will be used for our General Operating Support Grant Program, for the promotion of Foo Foo Festival, and general cultural tourism marketing and promotion. There is no other cultural tourism marketing program being executed in the County.

Explain how you are the best partnering agency for your program.

- We are the Designated Local Arts Agency for Escambia County and work with Visit Pensacola to ensure the greatest and most efficient use of the TDT to market to the broadest number of prospective cultural tourists.

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

- We will look for an alternative funding source, scale back the programs, and/or cancel them.

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

- N/A

Provide "Specific and Measurable" metrics in the following three sections:

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

For example, "reduce homelessness in Escambia County by "X"%"

- 1. Improve quality of life for residents and visitors
- 2. Support arts and cultural destination experiences
- 3. Improve and diversify tourism.

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

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

- 1. Improved professionalism of arts and cultural activities
- 2. Improved tourism - Increase in ADR, TDT collections, and Occupancy Rates
- 3. Number of Impressions and Click Through Rate of our marketing

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



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

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

- 1. Grant application scores measuring outcomes
- 2. Current level of tourism in ADR, TDT collections, and Occupancy Rates
- 3. Compare our TOTAL number of Impressions and Click Through Rate from our marketing to other industry participants' data.



FISCAL YEAR 2017 – 2018 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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources	\$9,020	\$9,500	\$10,000
Programmatic Income	\$0	\$0	\$0
County Funding	\$1,141,423	\$1,206,527	12% of Visit Pensacola's initial allocation and 25% of "Overage" allocation
City Funding	\$125,000	\$125,000	\$125,000
State Funding	\$6,200	\$6,500	\$6,500
Federal Funding	\$0	\$0	\$0
Memberships	\$0	\$0	\$0
Investment Income	\$79	\$75	\$75
Other Income	\$0	\$0	\$0
Total Income	\$1,281,722	\$1,347,602	*Actual amount to be determined by Visit Pensacola allocation

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	0	0	0
Salaries and Wages	\$0	\$0	\$0
Employee Benefits	\$0	\$0	\$0
Professional Services	\$12,750	\$10,335	\$7,800
Contractual Services	\$775,000	\$775,000	\$775,000
Travel Expenses	\$0	\$0	\$0
Rentals and Leases	\$0	\$0	\$0
Communication	\$0	\$0	\$0
Postage and Freight	\$0	\$0	\$0
Repair and Maintenance	\$0	\$0	\$0
Printing and Binding	\$0	\$0	\$0



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Marketing and Promotion	\$466,952	\$537,267	*Actual amount to be determined by Visit Pensacola allocation
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Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Fuel			
Supplies	\$25,000	\$25,000	\$25,000
Other Expenses			
Capitalizable Assets/ Equipment			
Total Expenses	\$1,279,452	\$1,347,602	*Actual amount to be determined by Visit Pensacola allocation
Net Income/Revenue minus Expense	\$2,020	\$0	\$0

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- N/A

Please explain any request listed in the “Other Expenses” line item.

- N/A

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

DEPARTMENT OF THE TREASURY

Date:

AUG 10 2010

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

Employer Identification Number:

27-1396429

DLN:

200205004

Contact Person:

CHRIS BROWN

ID# 31503

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

September 30

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

yes

Effective Date of Exemption:

December 2, 2009

Contribution Deductibility:

Yes

Addendum Applies:

No

RECEIVED
P. O. BOX 2508
CINCINNATI, OH 45201

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

RECEIVED
P. O. BOX 2508
CINCINNATI, OH 45201

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

RECEIVED
P. O. BOX 2508
CINCINNATI, OH 45201

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

RECEIVED
P. O. BOX 2508
CINCINNATI, OH 45201

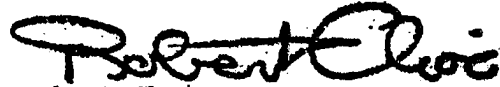
Dear Applicant:

Letter 947 (DO/CG)

ART CULTURE AND ENTERTAINMENT INC

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

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Art, Culture, and Entertainment, Inc.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☒ Other (see instructions) ▶

Not-for-profit Corporation

Address (number, street, and apt. or suite no.)

6120 Enterprise Drive

City, state, and ZIP code

Pensacola, FL 32505

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

- -

Employer identification number

27 - 1396429

Part II Certification

Under penalties of perjury, I certify that:

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

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 ▶

Daniel M. Bear

Date ▶ April 29, 2017

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:

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

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning Oct 1, 2014, and ending Sep 30, 2015				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ART, CULTURE, AND ENTERTAINMENT		D Employer identification number 27-1396429	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (850) 472-1128	
	6120 ENTERPRISE DRIVE			
	City or town, state or province, country, and ZIP or foreign postal code			
PENSACOLA FL 32505				G Gross receipts \$ 1,124,190.
F Name and address of principal officer: DAVID BEAR 6120 ENTERPRISE DR PENSACOLA FL 32505		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ N/A				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009 M State of legal domicile: FL		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RECEIVES FEDERAL, STATE, COUNTY, CITY, CORPORATE, FOUNDATION AND PERSONAL FUNDS TO DISPERSE THROUGH AN EQUITABLE GRANTING PROCESS TO ARTS, CULTURE AND ENTERTAINMENT ORGANIZATIONS THROUGHOUT ESCAMBIA COUNTY, FL			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5		
	6 Total number of volunteers (estimate if necessary)	6	15	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)			1,108,845.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			270.
	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)			1,109,115.
	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)				
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			440,496.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,106,395.	
19 Revenue less expenses. Subtract line 18 from line 12			2,720.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		430,106.	101,592.
	22 Net assets or fund balances. Subtract line 21 from line 20		417,451.	86,217.
			12,655.	15,375.

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	
	DAVID BEAR			
Type or print name and title.				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00436839
	Joshua C. Durst, CPA			
	Firm's name ▶ DURST JORDAN, CPA, PA	Firm's EIN ▶ 45-0529207		
	Firm's address ▶ 4459-B HWY 90 PACE FL 32571	Phone no. (850) 995-5000		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

RECEIVES FEDERAL, STATE, COUNTY, CITY, CORPORATE, FOUNDATION AND PERSONAL
FUNDS TO DISPERSE THROUGH AN EQUITABLE GRANTING PROCESS TO ARTS, CULTURE
AND ENTERTAINMENT ORGANIZATIONS THROUGHOUT ESCAMBIA COUNTY, FL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4 a** (Code:) (Expenses \$ 429,170. including grants of \$ 429,170.) (Revenue \$ 429,170.)

RECEIVED, ACCOUNTED FOR AND DISBURSED \$429,170 TO QUALIFIED ORGANIZATIONS
PROVIDING ART AND CULTURE PROGRAMS AND ACTIVITIES TO QUALIFIED ORGANIZATIONS
AND THE GENERAL PUBLIC THROUGHOUT ESCAMBIA COUNTY FL

4 b (Code:) (Expenses \$ 670,375. including grants of \$ 640,300.) (Revenue \$ 670,375.)

ORGANIZED FOO FOO FEST, A 12 DAY CELEBRATION OF EXISTING AND
NEW CULTURALLY CREATIVE HAPPENINGS AND EVENTS DESIGNED TO PROMOTE TOURISM
IN ESCAMBIA COUNTY, FL.

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4 d** Other program services. (Describe in Schedule O.)

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

4 e Total program service expenses 1,099,545.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-ments, filed for the calendar year ending with or within the year covered by this return	2 a		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7 c		X
d If 'Yes,' indicate the number of Forms 8822 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1 b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9		

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c		
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15 a		X
b Other officers or key employees of the organization 15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► -----

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

DAVID BEAR 6120 ENTERPRISE DR PENSACOLA FL 32505 (850) 472-1128

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) DAVID BEAR PRESIDENT	3.00			X				0.	0.	0.
(2) LOIS BENSON VICE PRESIDENT	3.00			X				0.	0.	0.
(3) JANICE MILLER SECRETARY	3.00			X				0.	0.	0.
(4) DICK BAKER TREASURER	3.00			X				0.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1 b Sub-total								0 .	0 .	0 .
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0 .	0 .	0 .

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of RevenueCheck 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 6,500.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e 1,069,470.				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f 32,875.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶		1,108,845.			
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f ▶					
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		70.	70.	0.
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) ▶			200.	200.	0.	0.
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 ▶						
11 a Miscellaneous Revenue Business Code						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions ▶		1,109,115.	270.	0.	0.	

Part X Balance SheetCheck 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	0.	1	101,592.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	430,106.	3	0.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	430,106.	16	101,592.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	417,451.	18	86,217.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	417,451.	26	86,217.
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	12,655.	27	15,375.
	28 Temporarily restricted net assets		28	
	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	12,655.	33	15,375.
	34 Total liabilities and net assets/fund balances	430,106.	34	101,592.

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Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,109,115.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,106,395.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,655.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,375.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

ART, CULTURE, AND ENTERTAINMENT

Employer identification number

27-1396429

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	0.	294,876.	355,372.	968,103.	1,108,845.	2,727,196.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.			0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	0.	0.	0.			0.
4 Total. Add lines 1 through 3	0.	294,876.	355,372.	968,103.	1,108,845.	2,727,196.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,727,196.

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	0.	294,876.	355,372.	968,103.	1,108,845.	2,727,196.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	101.	199.	74.	270.	644.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.				0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,727,840.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	100.00 %
16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal 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						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19 a 33-1/3% support tests — 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support tests — 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer (b) below</i>		
b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

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

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions).	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount

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

Section C – Distributable Amount

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2014

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

Schedule A (Form 990 or 990-EZ) 2014

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

ART, CULTURE, AND ENTERTAINMENT

Employer identification number

27-1396429

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

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

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

ART, CULTURE, AND ENTERTAINMENT

27-1396429

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS 221 PALAFOX PLACE, SUITE 440 PENSACOLA FL 32502	\$ 987,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF PENSACOLA 222 W MAIN STREET PENSACOLA FL 32502	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATE OF FLORIDA 2900 APALACHEE PARKWAY TALLAHASSEE FL 32399	\$ 6,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

ART, CULTURE, AND ENTERTAINMENT

27-1396429

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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).

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

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

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

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

(i) unrelated organizations 3a(i) ☐ Yes ☐ No

(ii) related organizations 3a(ii) ☐ Yes ☐ No

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,109,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	1,109,115.
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	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	1,109,115.

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

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

1	Total expenses and losses per audited financial statements.	1	1,106,395.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	1,106,395.
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	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	1,106,395.

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Name of the organization	Employer identification number
ART, CULTURE, AND ENTERTAINMENT	27-1396429

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BALLET OF PENSACOLA 400 S JEFFERSON ST PENSACOLA FL 32502	59-1834099		74,616.				OPERATIONS
(2) JAZZ SOCIETY OF PENSACOLA 17 SOUTH PALAFOX ST PENSACOLA FL 32502	59-2528174		20,729.				OPERATIONS
(3) PENSACOLA CHILDRENS CHORU 46 E CHASE ST PENSACOLA FL 32502	59-3228889		60,005.				OPERATIONS
(4) PENSACOLA LITTLE THEATER 400 S JEFFERSON ST PENSACOLA FL 32502	59-0906711		67,724.				OPERATIONS
(5) PENSACOLA MUSEUM OF ART 407 SOUTH JEFFERSON ST PENSACOLA FL 32502	59-0785780		65,272.				OPERATIONS
(6) PENSACOLA OPERA 75 S TARRAGONA ST PENSACOLA FL 32502	59-2387417		147,119.				OPERATIONS
(7) PENSACOLA SYMPHONY ORCHES 205 E ZARRAGOZA ST PENSACOLA FL 32502	51-0196351		70,013.				OPERATIONS
(8) CHORAL SOCIETY OF PENSACO 1000 COLLEGE BLVD, RM 803 PENSACOLA FL 32504	23-7067468		10,050.				OPERATIONS

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

Continuation Sheet for Schedule I (Form 990)

2014

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization

Employer identification number

ART, CULTURE, AND ENTERTAINMENT

27-1396429

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CITY ARTS CENTER 1060 NORTH GULLIEMARD STR PENSACOLA FL 32501	59-2782730		57,972.				OPERATIONS
FIESTA OF THE FIVE FLAGS 2121 WEST INTENDENCIA ST PENSACOLA FL 32502	59-0607987		51,765.				OPERATIONS
PENSACOLA'S PROMISE, INC. 1301 EAST GADSDEN ST PENSACOLA FL 32501	20-5966578		8,750.				OPERATIONS
LEGAL SERVICES OF NORTH F 2119 DELTA BOULEVARD TALLAHASSEE FL 32303	51-0197090		7,550.				OPERATIONS
FRANK BROWN INTERNATIONA 9465 S. LOOP ROAD PENSACOLA FL 32507	30-0103847		84,513.				OPERATIONS
PENSACOLA CIVIC BAND, INC 1000 COLLEGE BLVD PENSACOLA FL 32504	59-2029170		14,427.				OPERATIONS
PENSACOLA COMMUNITY ACTIO PO BOX 13094 PENSACOLA FL 32501	47-2653289		5,602.				OPERATIONS
PENSACOLA SPORTS ASSOCIAT 101 W. MAIN STREET PENSACOLA FL 32502	59-0767953		8,178.				OPERATIONS
TRUTH FOR YOUTH, INC. 432 WEST BELMONT STREET PENSACOLA FL 32501	59-3273230		35,710.				OPERATIONS
UNIVERSITY OF WEST FLORID 11000 UNIVERSITY PARKWAY PENSACOLA FL 32514	59-6166292		48,130.				OPERATIONS

2014

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 2

Name of the organization

Employer identification number	
--------------------------------	--

ART, CULTURE, AND ENTERTAINMENT

27-1396429

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)
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[illegible]

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

ART, CULTURE, AND ENTERTAINMENT

27-1396429

Pt VI, Line 11b FORM 990 IS MADE AVAILBLE FOR REVIEW AT BOARD MEETINGS

1:20 PM
10/03/16
Accrual Basis

ART, CULTURE AND ENTERTAINMENT, INC.
Balance Sheet
As of September 30, 2016

	<u>Sep 30, 16</u>	<u>Sep 30, 15</u>
ASSETS		
Current Assets		
Checking/Savings		
Gulf Coast Community Bank	116,084.05	101,591.51
Total Checking/Savings	116,084.05	101,591.51
Other Current Assets		
Prepaid Expenses Foo Foo Fest	745,243.31	0.00
Total Other Current Assets	745,243.31	0.00
Total Current Assets	861,327.36	101,591.51
TOTAL ASSETS	<u>861,327.36</u>	<u>101,591.51</u>
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
Def Revenue City Foo Foo	25,000.00	0.00
Deferred Rev Visit Pensacola	766,423.00	0.00
Esc Cty Payable - Foo Foo Fest	1,494.57	34,723.79
Program Services Payable-State	27,421.12	27,898.58
Public Support-Foo Foo Payable	23,594.26	23,594.25
Total Other Current Liabilities	843,932.95	86,216.62
Total Current Liabilities	843,932.95	86,216.62
Total Liabilities	843,932.95	86,216.62
Equity		
Unrestricted Net Assets	15,374.89	12,655.28
Net Income	2,019.52	2,719.61
Total Equity	17,394.41	15,374.89
TOTAL LIABILITIES & EQUITY	<u>861,327.36</u>	<u>101,591.51</u>

1:29 PM

10/03/16

Accrual Basis

ART, CULTURE AND ENTERTAINMENT, INC.**Profit & Loss****October 2015 through September 2016**

	<u>Oct '15 - Sep 16</u>	<u>Oct '14 - Sep 15</u>
Income		
Contributions	6,500.00	6,500.00
Direct Public Support		
Foo Foo Patron Sponsor	0.00	30,074.64
Lodging Patron Sponsor	2,519.35	2,800.00
Total Direct Public Support	2,519.35	32,874.64
Government Grants		
Escambia County Foo Foo Grant	0.00	637,500.00
Escambia County Grants	375,000.00	350,000.00
Local Government Grants	100,000.00	75,000.00
State Grants	6,189.20	6,970.48
Total Government Grants	481,189.20	1,069,470.48
Investments		
Gain on sale of stock	0.00	200.49
Interest-Savings, Short-term CD	79.17	69.49
Total Investments	79.17	269.98
Total Income	490,287.72	1,109,115.10
Expense		
Awards and Grants	475,522.54	429,169.83
Foo Foo Festival Expenses		
Advertising, Marketing, PR	0.00	381,661.61
Contingency	0.00	36,683.78
Festival Curator Contract	0.00	15,300.00
Festival Grant Program	0.00	236,729.25
Total Foo Foo Festival Expenses	0.00	670,374.64
Operations		
AEP5	5,666.66	0.00
Audit and Tax Fees	5,585.00	5,150.00
Insurance - Liability, D and O	1,302.00	1,337.16
Licenses	0.00	61.25
Supplies	192.00	302.61
Total Operations	12,745.66	6,851.02
Total Expense	488,268.20	1,106,395.49
Net Income	2,019.52	2,719.61

ART, CULTURE, AND ENTERTAINMENT, INC

AUDITED FINANCIAL STATEMENTS

YEAR ENDED SEPTEMBER 30, 2015 AND 2014

DURST JORDAN, CPA, PA

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4459-B HWY. 90
PAGE, FLORIDA 32571
PHONE: (850) 995-5000
FAX: (850) 994-4522

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Art, Culture and Entertainment, Inc.

We have audited the accompanying financial statements of Art, Culture and Entertainment, Inc. (a nonprofit organization), which comprise the statement of net assets as of September 30, 2015 and 2014, and the related statements of changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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


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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of Art, Culture and Entertainment, Inc. as of September 30, 2015 and 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The summary of cash receipts and disbursements on page 10 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the summary of cash receipts and disbursements is fairly stated, in all material respects, in relation to the basic financial statements as a whole.


Durst Jordan CPA, PA

Pace, FL

August 10, 2016

Art, Culture and Entertainment, Inc.
Statement of Net Assets and Liabilities
September 30, 2015 and September 30, 2014

ASSETS	2015	2014
CURRENT ASSETS		
Cash	\$ 101,591	\$ -
Due From Escambia County Tourism	-	430,101
Due From Escambia County	-	5
Total Current Assets	<u>101,591</u>	<u>430,106</u>
 Total Assets	 <u><u>\$ 101,591</u></u>	 <u><u>\$ 430,106</u></u>
 LIABILITIES and NET ASSETS		
CURRENT LIABILITIES		
Escambia County Tourism Payable	\$ 34,724	\$ 393,523
Public Support Payable	\$ 23,594	\$ -
Program Services Payable	<u>27,899</u>	<u>23,928</u>
Total Current Liabilities	86,217	417,451
 NET ASSETS		
Unrestricted Net Assets	12,655	10,990
Change in Net Assets	<u>2,720</u>	<u>1,665</u>
Total Net Assets	15,375	12,655
 Total Liabilities & Net Assets	 <u><u>\$ 101,591</u></u>	 <u><u>\$ 430,106</u></u>

The accompanying notes are an integral part of these financial statements

Art, Culture and Entertainment, Inc.

Statements of Changes in Net Assets

For the years ended September 30, 2015 and September 30, 2014

	Year ended 9/30/2015	Year ended 9/30/2014
Revenue		
Public Funding-Grants	\$ 1,069,470	\$ 961,103
Private Funding	39,575	7,000
Total Contributions	<u>1,109,046</u>	<u>968,103</u>
Less expenses:		
Awards and Grants	429,170	387,628
Escambia County Tourism Expenses	670,375	573,475
General and Administrative Expenses	6,851	5,409
Total Expenditures	<u>1,106,395</u>	<u>966,512</u>
Contributions over Expenditures	2,650	1,592
Other Income		
Interest Income	69	74
Total Other Income	<u>69</u>	<u>74</u>
Change in Net Assets	<u>2,720</u>	<u>1,665</u>
Net Assets Beginning of Year	<u>12,655</u>	<u>10,990</u>
Net Assets End of Year	<u>\$ 15,375</u>	<u>\$ 12,655</u>

The accompanying notes are an integral part of these financial statements

Art, Culture and Entertainment

Statement of Cash Flow

For the years ended September 30, 2015 and September 30, 2014

	<u>2015</u>	<u>2014</u>
Reconciliation of change in net assets to net cash provided by operating activities		
Change in Net Assets	\$ 2,720	\$ 1,665
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation Expense	-	-
Decrease/(Increase) in:		
Contributions Receivable, net of allowance	430,106	(430,106)
(Decrease)/Increase in:		
Escambia Co. Tourism Payable	(358,799)	393,523
Public Support Payable	23,594	
Program Services Payable	<u>3,970</u>	<u>6,534</u>
Net cash used in operating activities	101,591	(28,384)
Adjustments to reconcile change in net assets to net cash provided by investing activities		
Purchase of fixed assets, net of disposals	<u>-</u>	<u>-</u>
Net cash used in investing activities	-	-
Net (decrease)/increase in cash	<u>101,591</u>	<u>(28,384)</u>
Cash at beginning of period	<u>(0)</u>	<u>28,384</u>
Cash at end of period	<u>\$ 101,591</u>	<u>\$ (0)</u>
Supplemental disclosures:		
Cash paid for interest	\$ -	\$ -
Cash paid for income taxes	\$ -	\$ -

The accompanying notes are an integral part of these financial statements

Art, Culture and Entertainment, Inc.
Notes to the Financial Statements
For the year ended September 30, 2015 and 2014

NOTE A – SUMMARY OF ACCOUNTING POLICIES

1. NATURE OF ORGANIZATION

Art, Culture and Entertainment, Inc. (ACE), is a non-profit corporation organized exclusively for charitable and educational purposes, including for such purposes, the making of distributions to art institutions, cultural events and community entertainment organizations that have been in existence for at least 24 months and qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue code or to Florida Non-Profits with the primary location in Escambia County, FL. ACE will receive federal, state, county, city, and personal funds to disperse through an equitable granting process to arts, culture and entertainment organizations.

2. BASIS OF PRESENTATION AND ACCOUNTING

ACE's financial statements are presented in accordance with not-for-profit accounting standards. The financial statements are presented on an accrual basis of accounting, therefore, income is recognized when earned and expenses are recorded as incurred.

Financial statement presentation follows the recommendation of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No.117, "Financial Statements of Not-for-Profit Organizations." Under SFAS No.117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets; unrestricted, temporarily restricted, and permanently restricted. ACE held unrestricted assets during the fiscal years ended September 30, 2015 and 2014 with a description of the net assets categories as follows:

Unrestricted – Net assets that are not subject to donor-imposed restrictions. Unrestricted net assets may be designated for specific purposes by action of the Board of Directors.

3. CASH AND CASH EQUIVALENTS

For purposes of the statements of cash flows, all highly liquid investments with a maturity of 3 months or less when purchased are considered to be cash equivalents.

Art, Culture and Entertainment, Inc.
Notes to the Financial Statements
For the year ended September 30, 2015 and 2014

4. CONTRIBUTIONS RECEIVABLE

Contributions receivable are stated at the amount management expects to collect from outstanding balances. ACE uses the direct write-off method to write-off bad debts. Bad debt expense totaled \$0 for the year ended September 30, 2015 and 2014.

5. ESTIMATES

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

6. ACCOUNTING FOR CAPITAL ASSETS

ACE currently has no capital assets. If capital assets are purchased, they will be recorded at historical cost, or where historical cost is not available, estimated historical cost based on replacement cost.

Donated capital assets are to be capitalized at estimated fair market value on the date donated. The minimum capitalization threshold is any individual item with a total cost greater than \$250 and a useful life of one year or more.

Depreciation will be provided over the estimated useful lives using the straight-line method. The estimated useful lives are as follows:

Computer Programs	3 – 5 years
Furniture & Fixtures	5 – 7 years
Office Equipment	5 – 7 years

7. INCOME TAXES

The corporation is organized under the laws of the State of Florida as a nonprofit corporation and was recognized as such by the State of Florida. The corporation is also recognized by the Internal Revenue Service as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been made in the accompanying financial statements. The corporation is required to file Form 990 to the Internal Revenue Service. The corporation's open audit periods are 2010 through 2014.

Art, Culture and Entertainment, Inc.
Notes to the Financial Statements
For the year ended September 30, 2015 and 2014

8. EVENTS OCCURRING AFTER REPORTING DATE

ACE has evaluated events and transactions that occurred between September 30, 2015 and August 5, 2016, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

9. CONTRIBUTED SERVICES

The directors of the Board have made significant contributions of their time to run the operations of the organization. The value of the contributed time is not reflected in the financial statements since it is not susceptible to objective measurements or valuation.

NOTE B – CASH AND INVESTMENTS

At September 30, 2015 and 2014 the bank held deposits of \$517,421 and \$33,217 (before outstanding checks and deposits in transit). These amounts were held in checking.

NOTE C – NONCASH INVESTING, FINANCING AND CAPITAL ACTIVITIES

There were no non cash investing, financing, and capital activities during the years ended September 30, 2015 and 2014.

NOTE D – COMMITMENTS AND CONTINGENCIES

STATE GRANTS

ACE received \$6,970 from the State of Florida as the local arts agency recognized by Escambia County, FL to receive the county's share of the Florida Arts Specialty License Plate Fund. These funds are required to be distributed to qualifying organizations who meet the criteria described in Note A above. ACE distributed \$3,000 in state funds for the fiscal year. The amount that remains payable to awardees under this program totaled \$27,899 and \$23,928 at December 31, 2015 and 2014, respectively.

NOTE E – RISK MANAGEMENT

The Company is covered by outside insurance for the following exposures:

Officers and Directors Fidelity Insurance
General Liability, \$1,000,000, \$1,000 deductible

Art, Culture and Entertainment, Inc.
Notes to the Financial Statements
For the year ended September 30, 2015 and 2014

NOTE F – RELATED PARTY TRANSACTIONS

There are no known related party transactions for the year ended December 31, 2015 and 2014.

NOTE G – CONSIDERATION OF GOING CONCERN

ACE received approximately 96% and 98% of its funding from public funds for the year ended September 30, 2015 and 2014. This public funding represents a significant portion of ACE's annual operating revenue. ACE has been approved to receive funding from all agencies for the year ended September 30, 2016. There is no significant doubt about the entity's ability to continue as a going concern for the immediate fiscal year.

SUPPLEMENTARY INFORMATION

Art, Culture and Entertainment
Summary of Cash Receipts and Disbursements
For the years ended September 30, 2015 and September 30, 2014

	<u>2015</u>	<u>2014</u>
Cash Receipts (Contributions)		
Public Funding		
Escambia County, FL	\$ 1,417,606	\$ 306,094
City of Pensacola	75,000	75,000
State of FL	6,970	6,534
Total Public Funding	<u>1,499,577</u>	<u>387,628</u>
Private Funding		
Private Contributions	<u>39,575</u>	<u>7,000</u>
Total Private Funding	<u>39,575</u>	<u>7,000</u>
Total Cash Receipts	<u>1,539,152</u>	<u>394,628</u>
Cash Disbursements (Awards and Grants)		
African-American Heritage Society	3,858	-
Ballet of Pensacola	74,616	47,623
Belmont Youth Band	1,000	-
Chain Reaction	8,750	-
Choral Society of Pensacola	10,050	5,514
Fiesta of Five Flags	51,765	46,103
First City Arts Center	52,972	21,266
Frank Brown Foundation	84,513	-
Japan-America Society	12,069	-
Jazz Society of Pensacola	20,729	14,776
Legal Services of North Florida	7,550	-
Mother Wit Institute	1,000	-
Pensacola Bay Concert Band	3,633	-
Pensacola Children's Chorus	60,005	48,332
Pensacola Civic Band	14,427	1,000
Pensacola Community Action Network	5,602	-
Pensacola Little Theater	67,724	50,055
Pensacola Mess Hall	4,600	-
Pensacola Museum of Art	65,272	48,738
Pensacola Opera	147,119	49,042
Pensacola Sports Association	8,178	-
Pensacola Symphony Orchestra	70,013	49,650
Truth for Youth Inc.	35,710	-
UWF Foundation- Artel Gallery	48,130	-
UWF Historic Trust	9,822	-
Total Awards and Grants	<u>869,109</u>	<u>382,099</u>
Cash Disbursements (FooFoo Festival)		
Festival Expenditures	<u>561,670</u>	<u>35,578</u>
Total Festival	<u>561,670</u>	<u>35,578</u>
Cash Disbursements (General and Administrative)		
Insurance	1,337	1,009
Bank Service Charges	-	-
Licenses	61	-
Professional Fees	5,150	4,400
Office Supplies	303	-
Total General and Administrative	<u>6,851</u>	<u>5,409</u>
Total Cash Disbursements	<u>1,437,630</u>	<u>423,086</u>
Other Cash Receipts		
Interest from Banks	69	74
Net Cash Receipts Over Disbursements	<u>\$ 101,592</u>	<u>\$ (28,384)</u>
Change in Contributions Receivable	\$ (430,106)	\$ 430,106
Change in Tourism Payable	\$ 358,799	\$ (393,523)
Change in Program Services Payable	\$ (3,970)	\$ (6,534)
Change in Public Support Payable	\$ (23,594)	\$ -
Change in Net Assets	<u>\$ 2,720</u>	<u>\$ 1,665</u>

See Independent Auditor's Report on Supplementary Information
The accompanying notes are an integral part of these financial statements
10



Fiscal Year 2017-2018 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 2015 or 2016 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: West Florida Historic Preservation Inc.

Agency Address: 120 Church Street
Pensacola Florida 32502

Program Name: West Florida Historic Preservation Inc.

Program Contact: Robert Overton

Contact Email: roverton@uwf.edu

Contact Phone: (850)595-5985

25-Word Description of Program:

We operate Historic Pensacola Village, the Pensacola Children's Museum, Voices of Pensacola Multicultural Center, the T. T. Wentworth, Jr. Florida State Museum, and most recently we took over operations for the Pensacola Museum of Art.


Amount Requested: 120,000.00

Amount Received Last Year, if applicable: 70,000.00



Fiscal Year 2017-2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

The funds we received last year were used to continue the support of the over forty year partnership between the UWF Historic Trust and Escambia County for the preservation of our precious historical resources. These resources which serve as a heritage tourism engine attracted over 100,000 visitors and 11,000 school children last year. The funds received were used towards program expenses, marketing and advertising our operations, covering a portion of our annual printing costs for items such as brochures, rack cards, and lesson plans, and general office supplies and insurance. 

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

(Specific emphasis on "Programming" - What does your program do and why is it an asset to the County?)

The requested funding will be used towards a) the costs of marketing our operation to both locals and tourists, b) the printing of brochures, rack cards, lesson plans, and other printed operational materials, c) the purchase of consumable office supplies used to conduct business, and d) the expense of insuring the historic properties which now include the Pensacola Museum of Art. The PMA merged their operation into the Historic Trust and we are asking for an additional \$50,000 per year to help with this operation. Prior to the merger the PMA received approximately \$50,000 per year from ACE but as a part of the UWF Historic Trust the PMA is no longer eligible for those funds.

Explain how you are the best partnering agency for your program.

The UWF Historic Trust operates as a unique entity in the heart of downtown Pensacola managing twenty-nine historic properties encompassing nearly nine acres. There are no other agencies in the county who provide the scope of services that we do. There is no other agency in the area who can offer comparable experience and expertise in preserving the county's precious historical and cultural resources while offering educational and visceral opportunities.

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

Reduced funding would severely limit our ability to market the historic, cultural, and artistic assets that we manage and well as limit our ability to insure them.



Fiscal Year 2017-2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

All grants received for special projects and programs require varying amounts of cash match. Approximate estimate is 15% of the annual budget is bound by matching fund requirements.

Provide "Specific and Measurable" metrics in the following three sections:

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

For example, "reduce homelessness in Escambia County by "X" %"

1. The education of Escambia County and regional schoolchildren and their families.
2. Serving as an economic engine by attracting and sharing our history with a broader cultural heritage tourism audience.
3. Collecting, preserving, interpreting, and sharing the art and history of Escambia County and the broader region of Northwest Florida.

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

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

1. Increase in the number of annual visitors to our sites.
2. Increase in the annual number of schoolchildren served.
3. Increase in the annual number of special events held on our sites.

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

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

For the 2015/2016 Fiscal year, we (UWFHT visitation listed):

1. Hosted 111,151 site visitors.
2. Served 10,669 schoolchildren.
3. Hosted 544 special events.



Fiscal Year 2017-2018 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 FY 15/16	Current Budget Year FY16/17	Proposed Budget Year FY17/18
Contributions/Donations from Private Sources	4,000.00	4,000.00	10,000.00
Programmatic Income	115,000.00	168,700.00	160,000.00
County Funding	70,000.00	70,000.00	120,000.00
City Funding	2,400.00	2,400.00	2,400.00
State Funding	1,596,113.00	1,551,579.00	1,133,220.00
Federal Funding	0.00	0.00	N/A
Memberships	29,000.00	25,000.00	60,000
Investment Income	670.00	1,000.00	0.00
Other Income	274,014.00	292,120.00	185,000.00
Total Income	2,065,097.00	2,114,799.00	1,670,620.00



Fiscal Year 2017-2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

* Including Program Expenses for which funds are used towards only -
Expenses Please inquire if full operations budget is required - At this time it is in progress

	Most Recently Completed Budget Year FY15/16	Current Budget Year FY16/17	Proposed Budget Year FY17/18	
Total Staffing			1,298,220.00	
Salaries and Wages	663,002.00	699,749.00		
Employee Benefits	336,395.00	344,200.00		
Professional Services	74,000.00	75,000.00	12,500.00	* Insurance
Contractual Services	445,000.00	463,050.00	60,000.00	* Utilities
Travel Expenses	27,000.00	27,000.00		
Rentals and Leases	80,000.00	80,000.00		
Communication	16,000.00	16,000.00		
Postage and Freight	4,500.00	4,000.00	6,000.00	
Repair and Maintenance	70,000.00	71,000.00	37,000.00	
Printing and Binding	50,000.00	40,000.00	32,000.00	*
Marketing and Promotion	50,000.00	55,000.00	65,000.00	*
Fuel	3,800.00	2,800.00	0.00	



Fiscal Year 2017-2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year FY15/16	Current Budget Year FY16/17	Proposed Budget Year FY17/18	
Supplies	87,000.00	87,000.00	148,000.00	* Education and Curatorial Supplies
Other Expenses				
Capitalizable Assets/ Equipment	158,400.00	150,000.00		
Total Expenses	2,065,097.00	2,114,799.00	1,658,720.00	
Net Income/ Revenue minus Expenses			11,900.00	

Please explain any capitalizable asset (vehicles, land or equipment) contained in your request.

N/A

Please explain any request listed in the "Other Expenses" line item.

N/A

Internal Revenue Service

Date: **MAR 12 2002**

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

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

Employer Identification
Number:

23-7009319

Person to Contact:

Diane Gentry 31-03919

Contact Telephone Number:

877-829-5500

Dear Sir or Madam:

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

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

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

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

Sincerely yours,

Steven T. Miller

Steven T. Miller
Director, Exempt Organizations



Internal Revenue Service
Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 4, 2001

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

Person to Contact:
Shirley Rudolph 31-03949
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 8:00 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
23-7009319

Dear Sir or Madam:

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

Our records indicate that a determination letter issued in March 1969, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) & 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

-2-

West Florida Historic Preservation, Inc.
2002-03748

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

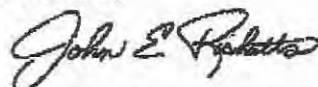
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



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

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. West Florida Historic Preservation, Inc.	
2 Business name/disregarded entity name, if different from above UWF Historic Trust	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) PO Box 12866	Requester's name and address (optional)
6 City, state, and ZIP code Pensacola, FL 32591	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

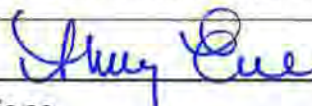
Social security number								
			-				-	
or								
Employer identification number								
2	3		-	7	0	0	9	3 1 9

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ 

Date ▶ **4/19/17**

General Instructions

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

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

Purpose of Form

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

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

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

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

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

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

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

JUNE 30, 2016 AND 2015

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

(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

JUNE 30, 2016 AND 2015

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the entity-wide activities of West Florida Historic Preservation, Inc. d/b/a University of West Florida Historic Trust ("the Trust"), (a component unit of the University of West Florida), which collectively comprise the statements of net position and governmental fund balance sheets as of June 30, 2016 and 2015, and the related statements of activities and governmental fund revenues, expenditures, and changes in fund balance/net position for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial positions of the governmental activities and the entity-wide activities of the Trust as of June 30, 2016 and 2015, and the changes in financial position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3-5 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated August 26, 2016, on our consideration of the Trust's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Trust's internal control over financial reporting and compliance.



Pensacola, Florida
August 26, 2016

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2016 AND 2015**

The following is a narrative overview and analysis of the West Florida Historic Preservation, Inc. d/b/a University of West Florida Historic Trust's ("the Trust") significant financial activities for the fiscal year ended June 30, 2016.

Operational Highlights

- Completion of an update to our ticket prices and our event rental rates.
- In October we completed and launched our Interpretive Master Plan and have already moved forward with a number of its suggested initiatives. The Commanding Officer's Compound outdoor exhibit neared completion at year end. We installed the glass doors at the Museum of Commerce significantly improving its look and access. The opening of the Appleyard Storytelling Cottage adapted one of our historic houses into a more immersive venue and we have extended the hours that the museums are open including opening on Sunday. The goal of the plan is to increase visitation and improve the visitor's experience.
- New interactive website was launched that functions consistently across desktops, tablets, and mobile devices and enables us to sell tickets online.
- Secured over \$250,000 in grant funding which allowed us to continue our ongoing preservation efforts of the downtown campus and make improvements to our outdoor exhibits.
- In partnership with the AppleCorp Foundation and the UWF Foundation we installed a new exhibit in the McMillen Cottage converting it into the Appleyard Storytelling Cottage. This space has proven to be very popular with our visitors and has received a lot of attention in the press.
- Significant restoration repairs were made to the gothic stained glass window in Old Christ Church. An extensive amount of rot damage was found on the wood frame and required a complete replacement of the frame.

Overview of the Financial Statements

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

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2016 AND 2015**

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

Summary of Financial Condition

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

	<u>2016</u>	<u>2015</u>
Total assets, excluding capital assets	\$ 2,199,316	\$ 2,179,047
Capital assets	<u>4,647,070</u>	<u>4,470,227</u>
Total assets	<u>\$ 6,846,386</u>	<u>\$ 6,649,274</u>
Current liabilities	<u>\$ 88,889</u>	<u>\$ 53,338</u>
Invested in capital assets	4,647,070	4,470,227
Reserved	144,010	160,907
Designated	38,389	38,312
Undesignated	<u>1,928,028</u>	<u>1,926,490</u>
Total fund balance/net position	<u>6,757,497</u>	<u>6,595,936</u>
Total liabilities and net position	<u>\$ 6,846,386</u>	<u>\$ 6,649,274</u>

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2016 AND 2015**

Summary of Financial Condition (Continued)

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

	<u>2016</u>	<u>2015</u>
Program revenues	\$ 877,525	\$ 664,080
General revenues	(46,190)	36,894
Total revenues	<u>831,335</u>	<u>700,974</u>
Historic Pensacola Village and museum activities	78,089	70,877
Historic preservation and education programs	99,823	61,793
Management and general	348,354	476,830
Depreciation	143,508	136,182
Total expenditures/expenses	<u>669,774</u>	<u>745,682</u>
Change in net position	<u>\$ 161,561</u>	<u>\$ (44,708)</u>

Capital Assets

The Trust's investment in capital assets totaled \$4,647,070 (net of accumulated depreciation of \$869,087). Capital assets include land, buildings and improvements, and furniture, and fixtures and equipment.

Economic Factors

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

Requests for Information

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

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
DBA UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
STATEMENTS OF NET POSITION AND GOVERNMENTAL FUND BALANCE SHEETS
JUNE 30, 2016 AND 2015**

	2016			2015		
	General Fund	Adjustments (Note 1)	Statement of Net Position	General Fund	Adjustments (Note 1)	Statement of Net Position
Assets:						
Cash	\$ 346,679	\$ -	\$ 346,679	\$ 493,084	\$ -	\$ 493,084
Certificates of deposit	178,419	-	178,419	178,214	-	178,214
Due from UWF Foundation	1,157,601	-	1,157,601	1,238,099	-	1,238,099
Grants and local support receivable	278,918	-	278,918	49,273	-	49,273
Accrued interest receivable	130	-	130	130	-	130
Inventory	107,480	-	107,480	90,501	-	90,501
Prepaid assets	4,157	-	4,157	3,814	-	3,814
Historical properties, antiques and collections	125,248	-	125,248	125,248	-	125,248
Deposits	684	-	684	684	-	684
Capital assets -						
Non-depreciable	-	1,150,923	1,150,923	-	1,010,660	1,010,660
Depreciable, net of accumulated depreciation	-	3,496,147	3,496,147	-	3,459,567	3,459,567
Total Assets	<u>\$ 2,199,316</u>	<u>\$ 4,647,070</u>	<u>\$ 6,846,386</u>	<u>\$ 2,179,047</u>	<u>\$ 4,470,227</u>	<u>\$ 6,649,274</u>
Liabilities:						
Accounts payable	\$ 39,863	\$ -	\$ 39,863	\$ 8,051	\$ -	\$ 8,051
Due to UWF	118	-	118	14,135	-	14,135
Deferred revenue	48,908	-	48,908	31,152	-	31,152
Total liabilities	<u>88,889</u>	<u>-</u>	<u>88,889</u>	<u>53,338</u>	<u>-</u>	<u>53,338</u>
Fund Balance/Net Position:						
Invested in capital assets	-	4,647,070	4,647,070	-	4,470,227	4,470,227
Nonspendable	237,569	(237,569)	-	220,247	(220,247)	-
Restricted/reserved	144,010	-	144,010	160,907	-	160,907
Assigned/designated	38,389	-	38,389	38,312	-	38,312
Unassigned/undesignated	1,690,459	237,569	1,928,028	1,706,243	220,247	1,926,490
Total fund balance/net position	<u>2,110,427</u>	<u>4,647,070</u>	<u>6,757,497</u>	<u>2,125,709</u>	<u>4,470,227</u>	<u>6,595,936</u>
Total Liabilities and Fund Balance/Net Position	<u>\$ 2,199,316</u>	<u>\$ 4,647,070</u>	<u>\$ 6,846,386</u>	<u>\$ 2,179,047</u>	<u>\$ 4,470,227</u>	<u>\$ 6,649,274</u>

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
DBA UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
STATEMENTS OF ACTIVITIES AND GOVERNMENTAL FUND REVENUES,
EXPENDITURES, AND CHANGES IN FUND BALANCE/NET POSITION
YEARS ENDED JUNE 30, 2016 AND 2015**

	2016			2015		
	General Fund	Adjustments (Note 1)	Statement of Activities	General Fund	Adjustments (Note 1)	Statement of Activities
Program Revenues:						
Grants and local support	\$ 393,287	\$ -	\$ 393,287	\$ 205,626	\$ -	\$ 205,626
Admissions, including tours and school programs	200,508	-	200,508	160,141	-	160,141
Rents and leases	263,457	-	263,457	285,424	-	285,424
Museum store income, net	20,273	-	20,273	12,889	-	12,889
Total program revenues	<u>877,525</u>	<u>-</u>	<u>877,525</u>	<u>664,080</u>	<u>-</u>	<u>664,080</u>
General Revenues:						
Interest and dividends	28,533	-	28,533	24,464	-	24,464
Miscellaneous	26,812	-	26,812	4,729	-	4,729
Realized/unrealized gains (losses)	(101,535)	-	(101,535)	7,701	-	7,701
Total general revenues (losses)	<u>(46,190)</u>	<u>-</u>	<u>(46,190)</u>	<u>36,894</u>	<u>-</u>	<u>36,894</u>
Total revenues	<u>831,335</u>	<u>-</u>	<u>831,335</u>	<u>700,974</u>	<u>-</u>	<u>700,974</u>
Expenditures/Expenses:						
Historic Pensacola Village and museum activities	78,089	-	78,089	70,877	-	70,877
Historic preservation and education programs	99,823	-	99,823	61,793	-	61,793
Management and general	348,354	-	348,354	476,830	-	476,830
Depreciation	-	143,508	143,508	-	136,182	136,182
Capital outlay	320,351	(320,351)	-	172,137	(172,137)	-
Total expenditures/expenses	<u>846,617</u>	<u>(176,843)</u>	<u>669,774</u>	<u>781,637</u>	<u>(35,955)</u>	<u>745,682</u>
Change in fund balance/net position	(15,282)	176,843	161,561	(80,663)	35,955	(44,708)
Fund Balance/Net Position, Beginning of Year	<u>2,125,709</u>	<u>4,470,227</u>	<u>6,595,936</u>	<u>2,206,372</u>	<u>4,434,272</u>	<u>6,640,644</u>
Fund Balance/Net Position, End of Year	<u>\$ 2,110,427</u>	<u>\$ 4,647,070</u>	<u>\$ 6,757,497</u>	<u>\$ 2,125,709</u>	<u>\$ 4,470,227</u>	<u>\$ 6,595,936</u>

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose:

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

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

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

	2016	2015
Telephone	\$ 8,586	\$ 9,883
Operating supplies	16,529	31,811
Office equipment rental	9,897	15,580
Electricity	162,443	163,741
Natural gas	31,703	23,614
Other utilities	55,113	42,371
Repairs and maintenance	69,854	501,985
Permits	-	450
Equipment	18,744	30,308
Contractual services	31,355	76,044
Professional services	48,792	18,425
Security	39,262	20,098
Insurance	8,081	8,261
Other	13,154	12,334
	<u>513,513</u>	<u>954,905</u>
Totals	<u>\$ 513,513</u>	<u>\$ 954,905</u>

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Organization and Purpose (Continued):

Salaries of UWF employees who staff the Trust are paid directly by UWF. These in-kind salaries amounted to \$1,259,684 and \$945,710 for the years ended June 30, 2016 and 2015, respectively, and are not reflected in the books of the Trust. Additionally, UWF donates office space in the Bowden Building located at 120 Church Street in downtown Pensacola, Florida to the Trust. Management estimates the fair value of this donated office space to be \$152,832 for the years ended June 30, 2016 and 2015.

In November 2013, the Trust entered into a Memorandum of Understanding (“MOU”) with the University of West Florida Foundation (“UWFF”), a direct service organization of UWF, where all membership income is handled and recorded by UWFF. Membership income held by UWFF amounted to \$25,684 and \$25,304 as of June 30, 2016 and 2015, respectively.

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

Measurement Focus, Basis of Accounting and Financial Statement Presentation:

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

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

Government-Wide Financial Statements:

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Government-Wide Financial Statements (Continued):

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

Governmental Fund Financial Statements:

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

Basis of accounting refers to when revenues and expenditures are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded at the time liabilities are incurred, regardless of when the related cash flows take place.

Governmental Funds:

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates:

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

Inventory:

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

Capital Assets:

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

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

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

Historical Properties, Antiques, and Collections:

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Historical Properties, Antiques, and Collections (Continued):

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

Program Revenue:

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

Income Taxes:

The Trust is exempt from federal income taxes under Internal Revenue Service Code Section 501(c)(3). As a result, there is no provision for taxes in the accompanying financial statements.

Donated Services, Materials, and Facilities:

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

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

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

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

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

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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

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

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

NOTE 2 - DEPOSITS AND INVESTMENTS

The Trust's deposits and investments consist of demand deposits and certificates of deposit. The carrying amount of the Trust's deposits and investments at June 30, 2016 and 2015 was \$523,863 and \$670,063, respectively, and the bank balance was \$529,326 and \$692,318, respectively. The Trust's cash balances held by financial institutions are insured by the Federal Deposit Insurance Corporation up to certain limits.

NOTE 3 - DUE FROM UWF FOUNDATION

In March 2013, the Trust entered into a Memorandum of Understanding ("MOU") with the University of West Florida Foundation ("UWFF"), a direct service organization of UWF, where the Trust may transfer current cash assets to UWFF to invest on the Trust's behalf. These funds are invested as a Quasi-Endowment with UWFF and will be part of the overall investment pool subject to spending and investment policies of UWFF as agreed to in the MOU. The Trust's investment with UWFF amounted to \$1,157,601 and \$1,238,099 at June 30, 2016 and 2015, respectively.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 4 - CONTRIBUTIONS FROM ESTATES

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

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

NOTE 5 - CAPITAL ASSETS

Capital assets consist of the following:

June 30, 2016:	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>
<u>Historic Pensacola Village</u>				
Land	\$ 1,010,660	\$ -	\$ -	\$ 1,010,660
Buildings and improvements	3,702,199	163,808	-	3,866,007
Furniture, fixtures and equipment	55,570	-	(31,611)	23,959
Construction in process	-	140,263	-	140,263
<u>Barkley House</u>				
Furniture, fixtures and equipment	14,003	-	-	14,003
<u>General and Administrative</u>				
Furniture, fixtures and equipment	512,269	16,280	(67,284)	461,265
	5,294,701	320,351	(98,895)	5,516,157
Less accumulated depreciation	824,474	143,508	(98,895)	869,087
	<u>\$ 4,470,227</u>	<u>\$ 176,843</u>	<u>\$ -</u>	<u>\$ 4,647,070</u>

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 5 - CAPITAL ASSETS (Continued)

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

Depreciation expense was \$143,508 and \$136,182 for the years ended June 30, 2016 and 2015, respectively.

NOTE 6 - DEFERRED REVENUE

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

Total deferred revenue amounted to \$48,908 and \$31,152 at June 30, 2016 and 2015, respectively.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
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(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 7 - FUND BALANCE/NET POSITION

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

Nonspendable Fund Balance:

Nonspendable fund balance represents amounts that cannot be spent either because they are in a nonspendable form or because they are legally or contractually required to be maintained intact. Nonspendable fund balances as of June 30, 2016 and 2015 are presented as follows:

	<u>2016</u>	<u>2015</u>
Nonspendable -		
Inventory	\$ 107,480	\$ 90,501
Prepaid assets and deposits	4,841	4,498
Historical properties, antiques and collections	<u>125,248</u>	<u>125,248</u>
	<u>\$ 237,569</u>	<u>\$ 220,247</u>

Restricted Fund Balance / Reserved Net Position:

Restricted fund balance or reserved net position represent amounts that can be spent only for specific purposes required by law or other externally imposed conditions by grantors or creditors. Restricted fund balances/reserved net position as of June 30, 2016 and 2015 are presented as follows:

	<u>2016</u>	<u>2015</u>
Restricted -		
Old Christ Church fund	\$ 140,031	\$ 157,928
Donations and memorials	<u>3,979</u>	<u>2,979</u>
	<u>\$ 144,010</u>	<u>\$ 160,907</u>

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 7 - FUND BALANCE/NET POSITION (Continued)

Assigned Fund Balance / Designated Net Position:

Assigned fund balance or designated net position represent amounts that are designated by the Board of Directors, under authorization governed in the Trust's By-Laws, for a particular purpose but not spendable until a majority vote of approval by the Board of Directors. The assigned fund balance/designated net position of \$38,389 and \$38,312 as of June 30, 2016 and 2015, respectively, represents the remaining cash balance in the Veal Education Fund.

Use of Restricted Resources:

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

NOTE 8 - COMMITMENTS AND CONTINGENCIES

Dependency on Government Support:

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

UWF Agreement:

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

NOTE 9 - RISK MANAGEMENT

The Trust is exposed to various levels of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters. The Trust is insured for these risks. There were no insurance losses related to these risks in excess of insurance coverage in any of the three prior fiscal years. The Trust is not aware of any liabilities related to these risks as of June 30, 2016.

**WEST FLORIDA HISTORIC PRESERVATION, INC.
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 10 - SUBSEQUENT EVENT

On July 1, 2016, the assets of the Pensacola Museum of Art (“PMA”), an independent not-for-profit corporation, became part of UWF. On that date, the Foundation was gifted a historic building, a fine arts collection, and a permanent endowment from the dissolving entity. Also on July 1, 2016, the Foundation transferred the building to UWF and the fine arts collection to the Trust. The Trust maintains a management agreement with UWF covering the preservation of historic properties for UWF. As a result of this transaction, the Foundation will have approximately \$4 million in contributions, of which approximately \$3.3 million will be transferred to related parties, and \$700,000 will remain endowments for PMA. The Foundation will continue to steward the endowment for purposes of the PMA, now a division of the Trust. The new PMA division has a non-governing advisory board that reports to the Trust’s board of directors.

OTHER REPORT

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards* issued by the Comptroller General of the United States, the financial statements of West Florida Historic Preservation, Inc., d/b/a University of West Florida Historic Trust (“the Trust”), (a component unit of the University of West Florida), which comprise the statement of net position and governmental fund balance sheet as of June 30, 2016, and the related statement of activities and governmental fund revenues, expenditures, and changes in fund balance/net position for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 26, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Trust’s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Trust’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Trust’s internal control.

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

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

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

Compliance and Other Matters

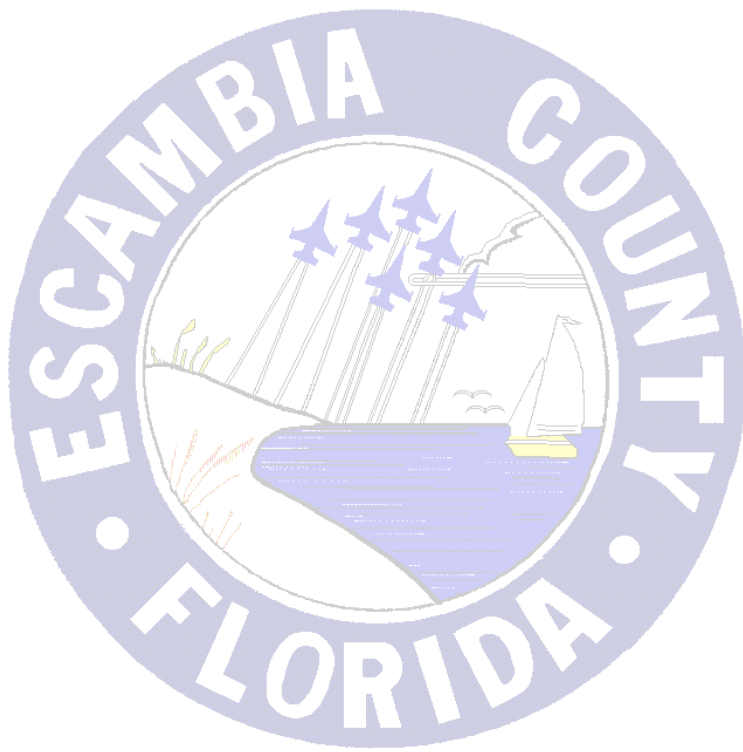
As part of obtaining reasonable assurance about whether the Trust's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect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

Purpose of this Report

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

A handwritten signature in black ink, reading "Saltmarsh Cleveland & Lund". The signature is written in a cursive, flowing style.

Pensacola, Florida
August 26, 2016





**FISCAL YEAR 2017 – 2018
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 2015 or 2016 tax return
- A letter of determination from the IRS confirming your organization's federally tax exempt status

Agency Name: Naval Aviation Museum Foundation, Inc. (DBA National Flight Academy, LLC)

Agency Address: 1750 Radford Blvd, Suite B, NAS Pensacola, FL 32508

Program Name: National Flight Academy

Program Contact: Michele Sweigart, Executive Vice President Development

Contact Email: msweigart@navalaviationmuseum.org

Contact Phone: 850-308-8930

25-Word Description of Program: The Naval Aviation Museum Foundation, a 501(c)(3), supports the Naval Aviation Museum and the National Flight Academy, a Science, Technology, Engineering and Math educational experience.

Amount Requested: \$100,000

Amount Received Last Year, if applicable: \$94,802



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

- During 2016, over 2,500 students registered for National Flight Academy (NFA) AMBITION one-day Adventure, overnight Adventure, three-day Cruise and six-day Deployment programs. Almost 1,600 attended the six-day spring and summer Deployments alone. The Escambia County Tourist Development Tax grant of \$100,000 was used to subsidize the cost of the summer programs. Of all students who attended AMBITION's six-day DEPLOYMENT programs, more than ninety percent of these students were from outside of Escambia County.

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- The Naval Aviation Museum Foundation, Inc., subsidiary, the National Flight Academy, proposes to use any funds received from Escambia County to continue to provide scholarship support to AMBITION students.
- While these students stay onboard, their families bring them to the six-day program on a Sunday and are generally present at the students' graduation ceremony the following Friday. Whether they stay for the entire week or travel to Escambia County for drop off and pick up on consecutive weekends, these families spend at least one overnight in our area and experience the diversity of our community including our local beaches, hotels, restaurants, retail, galleries and museums.
- Additionally, the NFA regularly engages in "Embarks," adult programs that range from corporate retreats to armed service units/squadrons reunions. These programs range in length from one to three days. Participants usually stay off site in local accommodations when participating in an Embark program. Monies raised through Embarks help to offset the costs of maintaining the 102,000 square foot NFA building during the year.

Explain how you are the best partnering agency for your program.

- Located adjacent to the National Naval Aviation Museum, the National Flight Academy is a 102,000 sq. ft. four-story structure designed to be fully and intensively immersive. The NFA's adventure begins with our landlocked, virtual aircraft carrier, Ambition (CVT-11). Each deck of Ambition is designed scenically and theatrically to simulate a modern aircraft carrier. The main deck houses the galley, mess deck, administrative spaces and the aircraft hangar bays. The first deck is dedicated to academic spaces including the operations and intelligence centers. The second and third decks house berthing (crew quarters), lounges and activity rooms. The facility is designed in compliance with the Americans with Disabilities Act.
- *Ambition* delivers "inspired play" in 6 day immersive programs in Pensacola, Florida. It all starts with the story -- a heart-pumping, adrenaline-filled mission with squadrons competing to successfully finish a task. Whether it is a race or rescue, science, technology, engineering, and math (STEM) skills are used in tandem with the equally important 21st Century learning skills including critical thinking, problem-solving, teamwork and communication to advance the team.
- Ambition is next-generation innovative play. From the theme park-like sight and sound to premier technology available for students— the experience is unparalleled. Individuals and groups are both welcomed, providing the opportunity for an exceptional team-building adventure.
- From 6-day Deployments to 1-day Adventures, the National Flight Academy ignites imagination and encourages learning.



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

- We will continue our ongoing fundraising and development efforts, primarily focused on corporate, community and private donor support. Examples of past and current supporters of the AMBITION program include the American Legion, Delta Air Lines and Federal Express.
- Additionally, the NFA will continue to reach out to businesses and national organizations such as the through our EMBARK programs. This will not only continue to provide national exposure for Escambia County, it is also a valuable tool in our economic development arsenal as exemplified by Leadership Florida's two-day visit in 2017.

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

- Not applicable.

Provide "Specific and Measurable" metrics in the following three sections:

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

For example, "reduce homelessness in Escambia County by "X"%"

- 1) To motivate over 2,500 students during spring and summer 2017 to pursue careers in Science, Technology, Engineering and Math (STEM) disciplines, as well as offer them real-life work-force experience through critical thinking, problem-solving, teamwork and communication skills
- 2) Through our immersive, interactive, one-of-a-kind programming, it is the NFA's goal to inspire students to take a more proactive interest in STEM, improving their performance in school and sparking an interesting in STEM-focused careers.
- 3) To continue to provide a showcase experience and national exposure for Escambia County through Embark programs offered to national business leaders from companies such as Boeing, Federal Express, Delta Air Lines and Google. In doing so, we will continue to offset operating expenses for the NFA's core AMBITION Program and support the County's economic development initiatives to develop a strong economy that can provide for the County's into future.

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

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

- In the five years since the NFA's inception, we have doubled our *AMBITION* capacity to 216 students per week. It is our intent to fill these seats with children going into the 7th-12th grade the fall of 2017, being a catalyst in their lives for pursuing STEM educations and STEM related careers.
- We will also continue to seek an increased number of off-season CRUISE (3-Days) and EMBARK events, creating a stronger revenue stream for the NFA and expanding Escambia County's national exposure to targeted economic industries.



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

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

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

- The National Flight Academy is a state of the art facility that provides science, technology engineering and math (STEM) learning instruction to 7th through 12th graders. There are numerous high costs associated with such a program including but not limited to, insurance, technology, facility maintenance cost, personnel cost to deliver the program, food/meals, utilities, and marketing of the programs. The funds provided by Escambia County would support these program costs, specifically, to pay the expensive insurance premiums related to the facility and delivery of the program in the high hurricane risk area.

BUDGET

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.

(see attached schedule for all revenue & expense categories)

Income

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding			
City Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			
Total Income			

Program Type	Quantity	Scholarship Provided
Cruise	89	\$3,486.00
Overnight Adventure	29	0
Deployment	518	\$141,175
Total	636	\$144,661.00

The attached report included overnight adventures, cruises, and summer deployments from October 2016 through today (May 17th, 2017). Our price for Cruises (3-day program) is \$399 and Deployments (6-day program) is \$1250. The attached report includes the amount of the scholarship, which is usually a partial scholarship. For example, you'll note a large group of students coming from Jackson, MS with 100 Black Men of Jackson. They received a partial scholarship of \$250 per student and will eventually register 100 students.

Please keep in mind that we are still registering for summer 2017, and are in track to register more than 1700 students this summer alone. By the end of the County's FY, we will be able to provide you with more complete records.



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing			
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			

Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Fuel			
Supplies			
Other Expenses			
Capitalizable Assets/ Equipment			
Total Expenses			
Net Income/Revenue minus Expense			

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

•

Please explain any request listed in the “Other Expenses” line item.

•

National Flight Academy, LLC	Most Recently Completed Fiscal Year 12/31/2016	Budget Fiscal Year 12/31/2017	Projected Fiscal Year 12/31/2017
Scholarship income	\$ 47,000	\$ -	\$ -
Donation income	\$ 117,000	\$ -	\$ 60,000
Program income	\$ 2,144,000	\$ 2,733,000	\$ 2,700,000
Less scholarship expense	\$ (575,000)	\$ -	\$ (499,000)
County funding	\$ 94,802	\$ 100,000	\$ 100,000
City funding	\$ -	\$ -	\$ -
State funding - capital grant	\$ 1,112,000	\$ 668,000	\$ 668,000
In-kind donations (software)	\$ 695,000		\$ 100,000
Total Income	\$ 3,634,802	\$ 3,501,000	\$ 3,129,000
Direct costs & costs of sales	\$ 1,028,000	\$ 1,154,000	\$ 1,100,000
Salaries & Benefits	\$ 452,000	\$ 468,000	\$ 468,000
Travel Expenses (fundraising related)	\$ 25,000	\$ 30,000	\$ 23,000
Marketing/Advertising	\$ 99,000	\$ 70,000	\$ 70,000
Depreciation & amortization	\$ 1,655,000	\$ 1,403,000	\$ 1,403,000
Insurance	\$ 152,000	\$ 146,000	\$ 146,000
Organization shared administrative charges	\$ 390,000	\$ 324,000	\$ 324,000
IT expense	\$ 11,000	\$ 7,000	\$ 7,000
Office supplies & expenses	\$ 4,000	\$ 9,000	\$ 9,000
Other expenses	\$ 14,000	\$ 13,000	\$ 13,000
Facility repairs, cleaning & maintenance	\$ 252,000	\$ 216,000	\$ 200,000
Security expense	\$ 19,000	\$ 17,000	\$ 10,000
Utilities & telephone	\$ 103,000	\$ 116,000	\$ 116,000
Grant expense	\$ 100,000	\$ 100,000	\$ 100,000
bank expense	\$ 2,000	\$ 5,000	\$ 5,000
Total Expenses	\$ 4,306,000	\$ 4,078,000	\$ 3,994,000
Net Loss	\$ (671,198)	\$ (577,000)	\$ (865,000)
Total Staffing (approximately)	8 full-time * 80 seasonal	8 full-time * 120 seasonal	8 full-time * 120 seasonal

* Seasonal part-time employee salaries & benefit cost are included in direct cost & cost of sales amounts above due to those cost relating specifically to the delivery of the programs.

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Naval Aviation Museum Foundation, Inc. (Parent Company of the National Flight Academy)	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input 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) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>1</u> Exemption from FATCA reporting code (if any) <u>A</u> <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 1750 Radford Blvd, Suite B	Requester's name and address (optional)
6 City, state, and ZIP code NAS Pensacola, FL 32507	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
			-				-		
or									
Employer identification number									
5	6		-	6	1	7	8	2	3

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ 	Bill Bowers 2017.01.06 10:31:11 -06'00' Date ▶
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General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

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

Date: DEC 12 2007

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

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

Employer Identification Number:
59-6178237

Person to Contact - ID#:
Sirijun Mayi - #31-07372

Contact Telephone Number:
877-829-5500 Phone

Public Charity Status:
509(a)(1) and 170(b)(1)(A)(vi)

Dear Applicant:

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

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

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

Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

If you have any questions, please call our toll free number shown in the heading of this letter.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR
Jacksonville, Florida
P. O. Box 4760
December 19, 1966

IN REPLY REFER TO
Form L-178
434:MDE:md
JAX:EO:66-48

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

PURPOSE Educational	
ADDRESS INQUIRIES & FILE RETURNS DISTRICT DIRECTOR OF INTERNAL R	
Jacksonville, Florida	
FORM 990-A RE- QUIRED	ACCOUNTING P ENDING
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	December 3

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

F. S. Schmidt
F. S. Schmidt

District Director

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

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20 _____

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

2015Department of the Treasury
Internal Revenue Service▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

NAVAL AVIATION MUSEUM FOUNDATION, INC.**59-6178237**

Name and title of officer

**LT GEN DUANE D. THIESSEN, USMC
PRESIDENT/CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 7,018,637.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **WARREN AVERETT, LLC**

ERO firm name

to enter my PIN **78237**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Duane D. Thiesen*Date ▶ *4 Aug 2016***Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59356084437

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

*Margaret A. Lina*Date ▶ **08/04/16****ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

EXTENDED TO AUGUST 15, 2016

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2015
Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

POST OFFICE BOX 33104

Room/suite

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

PENSACOLA, FL 32508

F Name and address of principal officer: LT GEN DUANE D. THIESSEN

1750 RADFORD BOULEVARD, SUITE B, PENSACOLA,

D Employer identification number

59-6178237

E Telephone number

850-453-2389

G Gross receipts \$ 9,401,697.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.NAVALAVIATIONMUSEUM.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1966 **M** State of legal domicile: FL**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGAGES AND EDUCATES THE PUBLIC BY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	185	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,497,537.	Current Year 2,004,392.
	9	Program service revenue (Part VIII, line 2g)	2,907,584.	3,559,925.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305,410.	226,496.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,003,096.	1,227,824.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,713,627.	7,018,637.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	391,000.	406,000.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 232,829.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,788,491.	7,545,640.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,179,491.	7,951,640.
19	Revenue less expenses. Subtract line 18 from line 12	534,136.	-933,003.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 23,243,003.	End of Year 22,834,885.
	21	Total liabilities (Part X, line 26)	622,447.	1,728,195.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,620,556.	21,106,690.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	LT GEN DUANE D. THIESSEN, USMC, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARGARET N. LORREN	Preparer's signature	Date 08/04/16	Check if self-employed <input type="checkbox"/>	PTIN P00012084
	Firm's name ▶ WARREN AVERETT, LLC	Firm's EIN ▶ 45-4084437	Phone no. 850-435-7400		
	Firm's address ▶ 316 SOUTH BAYLEN ST. SUITE 300 PENSACOLA, FL 32502				

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

Part III Statement of Program Service Accomplishments

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

☒ **X****1** Briefly describe the organization's mission:

TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGAGES AND EDUCATES THE PUBLIC BY SUPPORTING AND PROMOTING THE NATIONAL NAVAL AVIATION MUSEUM EXPERIENCE, NAVAL AVIATION AND AVIATION-INSPIRED EDUCATIONAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ **X** No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,350,692.** including grants of \$) (Revenue \$ **29,798.**)
MUSEUM SUPPORT-CONTRIBUTES TO THE DEVELOPMENT OF EXHIBITS, INCLUDING ARTIFACT REWORK AND MAINTENANCE, AND TO MUSEUM OPERATIONAL REQUIREMENTS.

4b (Code:) (Expenses \$ **3,416,712.** including grants of \$) (Revenue \$ **1,686,536.**)
NATIONAL FLIGHT ACADEMY UTILIZES NAVAL AVIATION EXPERIENCES AND CONCEPTS TO MOTIVATE YOUNG PEOPLE TO PURSUE THE STUDY OF SCIENCE, TECHNOLOGY, ENGINEERING, MATHMATICS AND AVIATION IN ORDER TO PURSUE CAREERS IN TECHNICAL FIELDS.

4c (Code:) (Expenses \$ **760,998.** including grants of \$) (Revenue \$ **1,098,064.**)
THE FILM PROJECT AND THEATERS SERVE THOUSANDS OF VISITORS BY EDUCATING THE PUBLIC ON THE IMPORTANT ROLE OF UNITED STATES NAVAL AVIATION THROUGH FILMS THAT DOCUMENT THE HISTORY OF FLIGHT AND THE HISTORY OF THE "BLUE ANGELS", AS WELL AS OTHER ASPECTS OF THE NAVAL EXPERIENCE.

4d Other program services (Describe in Schedule O.)(Expenses \$ **1,102,189.** including grants of \$) (Revenue \$ **745,527.**)**4e** Total program service expenses **6,630,591.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	23	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	185	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CT, FL, GA, KS, KY, ID, IL, OH, MS**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **MICHAEL HAMPTON - 850-453-2389**
1750 RADFORD BLVD, SUITE B, PENSACOLA, FL 32508

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIONEL M. AVILES DIRECTOR	1.00	X						0.	0.	0.
(2) LT GEN DUANE D. THIESSEN, USMC PRESIDENT/CEO	45.00	X		X				235,000.	0.	0.
(3) JAY RYAN DIRECTOR	1.00	X						0.	0.	0.
(4) THE HONORABLE LACEY A. COLLIER DIRECTOR	1.00	X						0.	0.	0.
(5) ADM ROBERT KELLY, USN (RET) DIRECTOR	1.00	X						0.	0.	0.
(6) ADM MARK P. FITZGERALD, USN (RE CHAIRMAN	1.00	X		X				0.	0.	0.
(7) VADM JAMES ZORTMAN, USN (RET VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(8) GEN WILLIAM NYLAND, USMC (RET) DIRECTOR	1.00	X						0.	0.	0.
(9) VADM JOHN CURRIER, USCG (RET) DIRECTOR	1.00	X						0.	0.	0.
(10) MS. DEBBIE RUB DIRECTOR	1.00	X						0.	0.	0.
(11) M. G. SANCHEZ DIRECTOR	1.00	X						0.	0.	0.
(12) WILLIAM BOWERS (NON-VOTING) CFO/TREASURER NON-VOTING	45.00			X				171,000.	0.	0.
(13) CAPT CHARLES ELLIS, JAGC, USN (SECRETARY	1.00			X				63,200.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								469,200.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								469,200.	0.	0.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	272,160.				
	c Fundraising events	1c	154,008.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,578,224.				
	g Noncash contributions included in lines 1a-1f: \$		551,326.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a FLIGHT ACADEMY	Business Code	900099	1,686,536.	1,686,536.		
	b THEATERS		512000	1,098,064.	1,098,064.		
	c SIMULATOR		900099	745,527.	745,527.		
	d MUSEUM SUPPORT		900099	29,798.	29,798.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				3,559,925.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			230,505.		
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)				-4,009.			-4,009.
8 a Gross income from fundraising events (not including \$ 154,008. of contributions reported on line 1c). See Part IV, line 18		a	96,650.				
b Less: direct expenses		b	49,727.				
c Net income or (loss) from fundraising events				46,923.			46,923.
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	3,281,474.				
b Less: cost of goods sold	b	2,128,655.					
c Net income or (loss) from sales of inventory			1,152,819.			1,152,819.	
Miscellaneous Revenue			Business Code				
11 a OTHER INCOME		900099	28,082.			28,082.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d				28,082.			
12 Total revenue. See instructions.				7,018,637.	3,559,925.	0.	1,454,320.

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	406,000.	280,140.	113,680.	12,180.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	42,817.		42,817.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	205,002.	127,400.	70,953.	6,649.
12 Advertising and promotion	307,583.	203,887.		103,696.
13 Office expenses	178,477.	144,392.	24,281.	9,804.
14 Information technology				
15 Royalties				
16 Occupancy	305,024.	280,093.	24,127.	804.
17 Travel	54,569.	44,762.	8,183.	1,624.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,375,006.	1,211,515.	163,491.	
23 Insurance	238,001.	169,608.	65,909.	2,484.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEASED EMPLOYEES	2,620,740.	2,022,171.	526,806.	71,763.
b FLIGHT ACADEMY EXPENSES	832,169.	832,169.		
c RESTORATION PROJECTS	427,678.	427,678.		
d THEATER/SIMULATOR EXPEN	385,903.	385,903.		
e All other expenses	572,671.	500,873.	47,973.	23,825.
25 Total functional expenses. Add lines 1 through 24e	7,951,640.	6,630,591.	1,088,220.	232,829.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,908,164.	1	1,438,877.
	2 Savings and temporary cash investments	1,261,812.	2	670,177.
	3 Pledges and grants receivable, net	1,852,173.	3	1,266,262.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	510,991.	8	569,183.
	9 Prepaid expenses and deferred charges	180,018.	9	150,381.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,008,768.		
	b Less: accumulated depreciation	10b 5,119,142.	10c	5,889,626.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	12,051,971.	12	12,554,299.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	98,851.	15	296,080.
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,243,003.	16	22,834,885.	
Liabilities	17 Accounts payable and accrued expenses	476,968.	17	1,389,384.
	18 Grants payable		18	
	19 Deferred revenue	145,479.	19	338,811.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	622,447.	26	1,728,195.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,967,668.	27	10,874,297.
	28 Temporarily restricted net assets	3,946,944.	28	2,546,371.
	29 Permanently restricted net assets	7,705,944.	29	7,686,022.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	22,620,556.	33	21,106,690.
	34 Total liabilities and net assets/fund balances	23,243,003.	34	22,834,885.

Part XI Reconciliation of Net AssetsCheck 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	7,018,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,951,640.
3	Revenue less expenses. Subtract line 2 from line 1	3	-933,003.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,620,556.
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	-580,863.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,106,690.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
U.S. NAVY	31-1575142	6	X		0.	
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

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

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

SECTION D LINE 2

THE U.S. NAVY OWNS THE NAVAL AVIATION MUSEUM. THE NAVAL AVIATION
MUSEUM FOUNDATION'S SOLE PURPOSE IS TO FUND EXHIBITS AND SUPPORT THE
MISSION OF THE MUSEUM.

SECTION E, LINE 1C

THE U.S. NAVY OWNS THE NAVAL AVIATION MUSEUM. THE NAVAL AVIATION
MUSEUM FOUNDATION'S SOLE PURPOSE IS TO FUND EXHIBITS AND SUPPORT THE
MISSION OF THE MUSEUM.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2015
Open to Public
Inspection▶ **Information about Schedule D (Form 990) and its instructions is at** www.irs.gov/form990.**Name of the organization**

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ 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, handling of violations, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,464,434.	9,479,322.	8,114,585.	7,620,691.	8,060,457.
b Contributions	127,014.	851,353.	238,197.	143,468.	350,649.
c Net investment earnings, gains, and losses	-172,588.	274,984.	1,252,121.	763,658.	-410,553.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,798,567.	61,099.	55,111.	353,901.	361,198.
f Administrative expenses	77,813.	80,126.	70,470.	59,331.	61,307.
g End of year balance	8,542,480.	10,464,434.	9,479,322.	8,114,585.	7,578,048.

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

a Board designated or quasi-endowment ☐ .00 %

b Permanent endowment ☐ 89.97 %

c Temporarily restricted endowment ☐ 10.03 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,161,421.	343,398.	1,818,023.
d Equipment		6,726,795.	3,646,299.	3,080,496.
e Other		2,120,552.	1,129,445.	991,107.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,889,626.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITIES AND MUTUAL FUNDS	10,020,785.	END-OF-YEAR MARKET VALUE
(B) MCCARTHY TRUST	1,177,104.	END-OF-YEAR MARKET VALUE
(C) CERTIFICATES OF DEPOSIT	135,153.	END-OF-YEAR MARKET VALUE
(D) ANNUITIES	1,221,257.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	12,554,299.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,616,157.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-528,000.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-52,862.
e	Add lines 2a through 2d	2e	-580,862.
3	Subtract line 2e from line 1	3	9,197,019.
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	-2,178,382.
c	Add lines 4a and 4b	4c	-2,178,382.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,018,637.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,130,022.
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	2,178,382.
e	Add lines 2a through 2d	2e	2,178,382.
3	Subtract line 2e from line 1	3	7,951,640.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,951,640.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DECREASE IN INTEREST IN PERPETUAL TRUST AND POOLED INCOME

FUND -52,862.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -2,128,655.

SPECIAL EVENTS EXPENSES -49,727.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -2,178,382.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 2,128,655.

Part XIII Supplemental Information *(continued)*

SPECIAL EVENTS EXPENSE 49,727.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,178,382.

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SYMPOSIUM (event type)	GALA AND CONCERTS (event type)	NONE (total number)	
Revenue	1 Gross receipts	96,650.	154,008.		250,658.
	2 Less: Contributions		154,008.		154,008.
	3 Gross income (line 1 minus line 2)	96,650.			96,650.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,333.	44,394.		49,727.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				49,727.
	11 Net income summary. Subtract line 10 from line 3, column (d)				46,923.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$.

c If "Yes," enter name and address of the third party:

Name Address

16 Gaming manager information:

Name Gaming manager compensation \$ Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LT GEN DUANE D. THIESSEN, USMC PRESIDENT/CEO	(i)	235,000.	0.	0.	0.	0.	235,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM BOWERS (NON-VOTING) CFO/TREASURER NON-VOTING	(i)	171,000.	0.	0.	0.	0.	171,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

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

▶ **Attach to Form 990.**

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

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	47,800.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	10,917.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (COMPUTER SOFT)	X	2	493,500.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2015)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTING AND PROMOTING THE NATIONAL NAVAL AVIATION EXPERIENCE, NAVAL
AVIATION AND AVIATION-INSPIRED EDUCATIONAL PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DEVELOPMENT

EXPENSES \$ 588,248. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBERSHIP

EXPENSES \$ 138,751. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE FLIGHT SIMULATOR ALLOWS VISITORS AND STUDENTS THE OPPORTUNITY TO
EXPERIENCE THE SIMULATION OF ACTUAL FLIGHT TAKE-OFF AND LANDING. THIS
EDUCATES AND BUILDS INTEREST IN THE NAVY AND THE MUSEUM.

EXPENSES \$ 375,190. INCLUDING GRANTS OF \$ 0. REVENUE \$ 745,527.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD DELEGATES THE REVIEW OF THE 990 TO THE AUDIT COMMITTEE. THE BOARD
IS INFORMED THE 990 IS AVAILABLE FOR REVIEW AT THEIR DISCRETION.

FORM 990, PART VI, SECTION B, LINE 12C:

CORPORATE SECRETARY ROUTINELY REVIEWS POTENTIAL CONFLICTS OF INTEREST. IN
THE EVENT THERE IS A CONFLICT OF INTEREST DETERMINED TO EXIST, IT IS THEN
CIRCULATED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization	Employer identification number
NAVAL AVIATION MUSEUM FOUNDATION, INC.	59-6178237

CFO AND BOARD VICE CHAIRMAN SET CEO COMPENSATION USING COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CT, FL, GA, KS, KY, ID, IL, OH, MS, NC, NE, NH, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

ON FILE WITH THE STATE AND AVAILABLE UPON REQUEST FROM THE FOUNDATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MIS SUPPORT:

PROGRAM SERVICE EXPENSES	66,270.
MANAGEMENT AND GENERAL EXPENSES	70,953.
FUNDRAISING EXPENSES	6,649.
TOTAL EXPENSES	143,872.

CREDIT CARD/BANK FEES:

PROGRAM SERVICE EXPENSES	61,130.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,130.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	205,002.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAINS/LOSSES	-528,001.
INCREASE IN INTEREST IN PERPETUAL TRUST AND POOLED INCOME	
FUND	-52,862.
TOTAL TO FORM 990, PART XI, LINE 9	-580,863.

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

990 PART XII, LINE 2C

THE OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM PRIOR
YEARS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NATIONAL FLIGHT ACADEMY, INC. - 59-6178237 1750 RADFORD BOULEVARD, SUITE B PENSACOLA, FL 32508	TO OPERATE EXCLUSIVELY TO FURTHER THE PURPOSE OF ITS SOLE MEMBER, THE	FLORIDA	-1,163,793.	6,538,998.	NAVAL AVIATION MUSEUM FOUNDATION, INC.
FOUNDATION MUSEUM SUPPORT, INC. - 59-6178237 1750 RADFORD BOULEVARD, SUITE B PENSACOLA, FL 32508	NATIONAL AVIATION MUSEUM FOUNDATION, INC.	FLORIDA	920,856.	3,981,750.	NAVAL AVIATION MUSEUM FOUNDATION, INC.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
U.S. NAVY 190 RADFORD BLVD PENSACOLA, FL 32508	FEDERAL GOVERNMENT UNIT	FLORIDA	GOVERNMENT	US GOVERNMENT	U.S. NAVY		X

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

Schedule R (Form 990) 2015

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

[illegible]

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NAVAL AVIATION MUSEUM FOUNDATION, INC.	59-6178237
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. POST OFFICE BOX 33104	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PENSACOLA, FL 32508	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MICHAEL HAMPTON

- The books are in the care of ► **1750 RADFORD BLVD, SUITE B - PENSACOLA, FL 32508**
Telephone No. ► **850-453-2389** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2015** or
► ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

**CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2015

NAVAL AVIATION MUSEUM FOUNDATION, INC.AND SUBSIDIARIES
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DECEMBER 31, 2015

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of the Naval Aviation Museum Foundation, Inc. and Subsidiaries (a nonprofit corporation) (Foundation) which comprise the consolidated statement of financial position as of December 31, 2015, and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Foundation, as of December 31, 2015, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Foundation's 2014 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated April 24, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidated schedule of divisional income and expense on pages 17 and 18 and the consolidating schedules on pages 19 and 20 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.



Pensacola, Florida
April 20, 2016

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2015, WITH SUMMARIZED FINANCIAL INFORMATION FOR 2014
(In thousands of dollars)

ASSETS					
	2015				2014
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash and cash equivalents	\$ 1,918	\$ 166	\$ 25	\$ 2,109	\$ 3,170
Unconditional promises to give, net	424	-	-	424	732
Inventories	569	-	-	569	511
Prepaid expenses	151	-	-	151	180
Other current assets	159	-	-	159	51
Total current assets	3,221	166	25	3,412	4,643
NON-CURRENT ASSETS					
Investments	2,513	2,380	6,484	11,377	10,728
Beneficial interest in perpetual trust	-	-	1,177	1,177	1,324
Unconditional promises to give, net	842	-	-	842	1,120
Property and equipment, net	5,890	-	-	5,890	5,379
Other assets	137	-	-	137	48
Total non-current assets	9,382	2,380	7,661	19,423	18,600
TOTAL ASSETS	<u>\$ 12,603</u>	<u>\$ 2,546</u>	<u>\$ 7,686</u>	<u>\$ 22,835</u>	<u>\$ 23,243</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable	\$ 340	\$ -	\$ -	\$ 340	\$ 179
Accrued wages and compensated absences	381	-	-	381	297
Note payable, current	81	-	-	81	-
Deferred revenue, current	249	-	-	249	145
Total current liabilities	1,051	-	-	1,051	622
LONG-TERM LIABILITIES					
Note payable, long-term	588	-	-	588	-
Deferred revenue, long-term	89	-	-	89	-
Total long-term liabilities	677	-	-	677	-
TOTAL LIABILITIES	1,728	-	-	1,728	622
NET ASSETS	10,875	2,546	7,686	21,107	22,621
TOTAL LIABILITIES AND NET ASSETS					
ASSETS	<u>\$ 12,603</u>	<u>\$ 2,546</u>	<u>\$ 7,686</u>	<u>\$ 22,835</u>	<u>\$ 23,243</u>

See notes to the financial statements.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2015
WITH SUMMARIZED INFORMATION FOR THE YEAR ENDING DECEMBER 31, 2014
(In thousands of dollars)

	2015				2014
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>	<u>Total</u>
REVENUES AND OTHER SUPPORT					
Sales, special events, tuition and admissions	\$ 7,092	\$ -	\$ -	\$ 7,092	\$ 6,337
Contributions and memberships	1,099	624	127	1,850	3,985
Investment income	229	1	-	230	239
Investment gains (losses)	(399)	(154)	21	(532)	10
Increase (decrease) in interest in perpetual trust	-	-	(53)	(53)	3
Miscellaneous income	11	18	-	29	129
Net assets released from restrictions	2,005	(1,890)	(115)	-	-
Total Revenues and Other Support	<u>10,037</u>	<u>(1,401)</u>	<u>(20)</u>	<u>8,616</u>	<u>10,703</u>
EXPENSES					
Operating expenses:					
Program services	9,071	-	-	9,071	8,830
Management and general	1,059	-	-	1,059	1,059
	<u>10,130</u>	<u>-</u>	<u>-</u>	<u>10,130</u>	<u>9,889</u>
Other expenses:					
Loss on disposal of property	-	-	-	-	247
Total Expenses	<u>10,130</u>	<u>-</u>	<u>-</u>	<u>10,130</u>	<u>10,137</u>
CHANGE IN NET ASSETS	(93)	(1,401)	(20)	(1,514)	566
NET ASSETS, BEGINNING OF YEAR	<u>10,968</u>	<u>3,947</u>	<u>7,706</u>	<u>22,621</u>	<u>22,054</u>
NET ASSETS, END OF YEAR	<u>\$ 10,875</u>	<u>\$ 2,546</u>	<u>\$ 7,686</u>	<u>\$ 21,107</u>	<u>\$ 22,621</u>

See notes to the financial statements.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2015
(In thousands of dollars)

CASH FLOWS FROM OPERATING ACTIVITIES

Change in net assets	\$ (1,514)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:	
Depreciation expense	1,375
Net realized and unrealized (gain)/loss on investments	438
(Increase) decrease in assets:	
Unconditional promises to give	586
Inventories	(58)
Prepaid expenses	28
Other assets	(197)
Beneficial interest in perpetual trust	147
Increase (decrease) in liabilities:	
Accounts payable	161
Accrued wages and compensated absences	84
Deferred revenue	193
Net cash provided by operating activities	<u>1,243</u>

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of capital assets	(1,886)
Purchase of investments	(1,844)
Proceeds from sale of investments	757
Net cash used in investing activities	<u>(2,973)</u>

CASH FLOWS FROM FINANCING ACTIVITIES

Proceeds from long-term borrowing	<u>669</u>
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NET DECREASE IN CASH	(1,061)
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CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>3,170</u>
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CASH AND CASH EQUIVALENTS, END OF YEAR	<u><u>\$ 2,109</u></u>
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See notes to the financial statements.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

1. OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION

Business Operations

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

The Foundation further supports the Museum by providing funding and services necessary for its day to day operation. This includes funding of Museum exhibits and displays, and services related to aircraft restoration, custodial, marketing activities including radio and television ads and promotional billboards, maintenance of the Museum’s website and social media, library and other support activities. Through its wholly owned subsidiary, Foundation Museum Support, LLC (FMSC), the Foundation also provides various program services within the Museum, such as the Giant Screen Theater (Theater), MaxFlight and Motion Based Simulators, the Blue Angels 4D Theater, Flight Deck gift shop and Navalaviation.com. Proceeds from these programs are used to support the Foundation and Museum.

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

Under agreements with the Navy, the Foundation is provided, without cost, office space in the Museum, floor space for operation of the Foundation’s attraction programs, and use of NFA. These agreements also govern operational programs conducted at the Museum and NFA by the Foundation. Additionally, the Foundation must file an annual financial report with the Navy and make provision in the Foundation’s annual budget to provide fiscal support of Museum programs.

Principles of Consolidation

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

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

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

Basis of Accounting

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

Basis of Presentation

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

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

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

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

Cash and Cash Equivalents

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

Unconditional Promises to Give

Unconditional promises to give are stated in the statement of financial position at their estimated realizable value. The Foundation accounts for bad debts using the allowance method. Unconditional promises to give with due dates extending beyond one year are discounted at the United States long-term inflationary rate.

Inventory

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

Investments

Investments consist of certificates of deposit with original maturities in excess of three months, debt and marketable equity securities, mutual funds, annuities and hedge funds. All gains and losses arising from the sale, collection, or other disposition of investments are based on the specific identification method and are accounted for in the fund that owned the assets.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

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

Investments – Continued

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

- Level 1 – observable market inputs that are unadjusted quoted prices for identical assets or liabilities in active markets.
- Level 2 – other significant observable inputs (including quoted prices for similar securities, interest rates, credit risk, etc.)
- Level 3 – significant unobservable inputs. The Foundation does not have any investments considered level 3 as of December 31, 2015.

Property and Equipment

Property and equipment are recorded at cost, except for donated property or equipment which is recorded as a contribution at estimated fair market value on the date of receipt. Assets costing \$5 thousand or more are capitalized and depreciated over their estimated service lives on a straight-line basis. Leasehold improvements are depreciated over the life of the lease or the estimated useful life of the asset, whichever is shorter. The Foundation does not imply a time restriction on gifts of long-lived assets received. The Foundation annually reviews the property and equipment records for impairment of value and records any adjustments necessary to reflect material impacts in value.

Buildings and Aircraft Collections

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

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

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

Revenue Recognition

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

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

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

Revenue Recognition – Continued

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

Sales, special events revenue, and admissions are recognized as services are performed. Membership and tuition revenues collected in advance are deferred until the services are provided. Membership revenue is recognized over the life of the membership on a straight-line basis. Tuition revenue is recognized in the period the participant completes the program. Grant revenue is recognized when performance occurs under the terms of the grant agreement.

The Foundation, at times, is notified that it has been named as the beneficiary in the estate of certain individuals under revocable agreements. Such amounts are recorded as contributions upon the passing of the donor and as the amounts become irrevocable.

Expenses

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

Advertising costs are expensed as incurred. Advertising expense related to Museum support and related programs and NFA for the year ended December 31, 2015 was approximately \$242 thousand and \$67 thousand, respectively. Advertising expense is reported in the consolidated schedule of divisional income and expense as advertising and marketing expense as of December 31, 2015.

Use of Estimates

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

Tax Exemption

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

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

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

Summarized Financial Information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the year ended December 31, 2014, from which the summarized information was derived.

Reclassifications

Certain amounts in the 2014 consolidated financial statements have been reclassified to conform to the 2015 financial statement presentation.

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2015 and April 20, 2016, which is the date that financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

2. CONCENTRATIONS OF RISK

The Foundation maintains deposits in financial institutions which may at times exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (FDIC) and/or the Securities Investor Protection Corporation (SIPC). As of December 31, 2015, the Foundation's cash and cash equivalents are concentrated in a few financial institutions and subject to risk of loss in the event of financial institution failure as it exceeds insurance coverage provided. The Foundation's exposure in its investments is limited due to the diversity of its portfolio.

Concentrations of credit risk with respect to donor promises to give exist as two donors comprise over ninety five percent of the outstanding balance as of December 31, 2015.

3. UNCONDITIONAL PROMISES TO GIVE

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

Amounts due (in thousands):	
Within one year	\$ 443
In one to five years	1,017
After five years	<u>17</u>
	1,477
Less: Present value discount and allowance for uncollectable accounts	<u>(211)</u>
Total promises to give	<u><u>\$ 1,266</u></u>

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

4. INVESTMENTS

Investments at December 31, 2015, consisted of the following (in thousands of dollars):

The Naval Aviation Museum Foundation and Foundation Museum Support

	Fair Market Value
Certificate of deposit (level 1)	\$ 135
Equities and mutual funds (level 1)	8,925
Hedge funds (level 2)	1,096
Annuities (level 2)	1,221
	<u>\$ 11,377</u>

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

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

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

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

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

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

As of December 31, 2015 investment gains and (losses) on the consolidated statement of activities is net of custodial and investment advisory fees of approximately \$94 thousand.

5. BENEFICIAL INTEREST TRUST

The Foundation is the beneficiary of a perpetual trust which is administered by the financial institution. The Foundation receives income distributions from the perpetual trust quarterly and has no access to the corpus. Perpetual trust assets totaling approximately \$1.177 million are recorded in the statement of financial position as permanently restricted assets.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

5. BENEFICIAL INTEREST TRUSTS – CONTINUED

At year-end the perpetual trust included approximately \$55 thousand in cash, approximately \$922 thousand in equity securities, and approximately \$200 thousand in debt securities. The perpetual trust is valued at fair market value and is comprised of equities and mutual funds (level 1). Distributions to the Foundation from the perpetual trust for the year totaled approximately \$93 thousand.

6. PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2015, consisted of the following (in thousands of dollars):

The Naval Aviation Museum Foundation and Foundation Museum Support

	<u>Useful lives</u>	
Office, simulators and theater equipment and furnishings	3 -15 years	\$ 1,518
Construction-in-progress		<u>676</u>
		2,194
Less: Accumulated depreciation		<u>(685)</u>
		<u><u>\$ 1,509</u></u>

National Flight Academy

	<u>Useful lives</u>	
Office equipment and furnishings	3 -15 years	\$ 4,510
Flight academy curriculum	7 -15 years	918
Software	3 -15 years	1,855
Website	3 years	47
Leasehold improvements	15 years	<u>1,485</u>
		8,815
Less: Accumulated depreciation		<u>(4,434)</u>
		<u><u>\$ 4,381</u></u>

During 2015, NFA received donated software licenses for program use valued at approximately \$632 thousand. The value of the licenses currently in use of approximately \$402 thousand is recorded in contribution revenue on the statement of activities. The remainder of the licenses not yet placed in service of approximately \$166 thousand is recorded in deferred revenue on the statement of financial position and will be recognized in the statement of activities at the time the licenses are placed into service. Additionally during 2015, NFA received \$91 thousand, recorded as contribution revenue, in donated software for use in its programs.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

7. LINE OF CREDIT

In 2015, NFA renewed its \$950 thousand line of credit with a bank with similar terms as the previous agreement with a maturity on August 23, 2016. The rate of interest for the line of credit is prime plus 1.5% with a floor of 4.75%. The line is secured by an agreement covering NFA's equipment and unconditional promises to give. At December 31, 2015, there was no outstanding balance on the line of credit.

8. FOUNDATION PROMISSORY NOTE

In October 2015, the Foundation entered into a promissory note (loan) with a bank in the amount of \$1.5 million with an interest rate of 3.75%. The proceeds from the loan are being utilized to renovate the Theater which was operational in March 2016, with an expected grand opening in May 2016. The terms of the loan include six consecutive interest only installments beginning November 6, 2015 with the last interest only installment due on April 6, 2016, at which time the loan will convert to a seven year repayment term with final payment due on April 6, 2023. The loan includes certain affirmative covenants including an unrestricted funds debt service coverage ratio. There are additional affirmative and negative covenants which include notifying the lender of claims or litigation, maintaining adequate insurance, providing audited financial statements to the lender and other compliance requirements. The loan is secured by the Theater equipment acquired as part of the renovation. As of December 31, 2015, the Foundation is in compliance with its covenants.

9. EMPLOYEE BENEFITS

The Foundation has a Safe Harbor 401(k) plan which covers employees who have completed three months of service and who are at least 21 years of age. Employees may contribute up to the lesser of \$18 thousand or 50% of their eligible salaries into the plan. The Foundation makes a fully vested matching contribution equal to 100% of the first 4% of compensation each participant contributes to the plan each payroll period. The Foundation made matching contributions to the plan in 2015 of approximately \$57 thousand.

10. RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets at December 31, 2015, are available for the following purposes (in thousands of dollars):

	<u>Purpose</u>	
Lupo Trust	Symposium	\$ 27
Wings of Gold	To perpetuate the mission of the Museum	829
Benefactor's Circle	Membership	519
NFA Scholarships	NFA Scholarships	50
NFA Capital Campaign	Capital Improvements to NFA	93
Grants	Various	19
Aircraft and exhibit projects	Restoration of aircraft and exhibits	1,009
		<u>\$ 2,546</u>

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

10. RESTRICTIONS ON NET ASSETS – CONTINUED

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

	<u>Purpose</u>	<u>Amount</u>
McCarthy Trust	Unrestricted	\$ 1,177
Lupo Trust	Symposium	113
Wings of Gold	To perpetuate the mission of the Museum	6,371
Trader Jon's	NFA Scholarships	25
		<u>\$ 7,686</u>

11. COMMITMENTS

The Foundation leases equipment in the IMAX Theater from IMAX Corporation under a non-cancelable operating lease ending in June 2016. The lease sets forth a minimum monthly lease cost, however, the Foundation is required to pay 3% to 7% of IMAX Theater admission revenue if it exceeds the minimum lease cost requirement. The operating lease also includes required annual maintenance. The Foundation incurred approximately \$196 thousand in cost related to this lease for the period ending December 31, 2015. Effective December 31, 2015 the Foundation cancelled its equipment lease with IMAX. Under the terms of the cancellation agreement, the Foundation paid IMAX approximately \$50 thousand in January 2016 representing the remaining amount due under its operating lease. The cancellation payment is reported in the consolidated statement of activities as program service expense as of December 31, 2015.

As of December 31, 2015, the Foundation has entered into various commitments with vendors for the \$1.5 million renovation of the Theater with an expected completion in April 2016.

The Foundation operates the Motion Based Simulator under a profit-sharing agreement with Flight Avionics of North America, Inc. (FANA). The Foundation and FANA evenly split profits derived from operation of the simulator. Losses, if any, are absorbed 100% by FANA. The amount paid to FANA during 2015 under the profit-sharing arrangement was approximately \$113 thousand.

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

12. LITIGATION

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

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

13. RELATED PARTY TRANSACTIONS

NFA received contributions from the Foundation's Board of Directors and related committees and from companies whose management serve on the Foundation's Board of Director's and related committees of approximately \$1.1 million during 2015. As of December 31, 2015, NFA has outstanding pledges receivable of approximately \$1 million from the Foundation's Board of Directors and related committees and from companies whose management serve on the Foundation's Board of Directors and related committees.

The Foundation received contributions of approximately \$40 thousand from its Board of Directors and related committees during 2015.

14. ENDOWMENT

The Foundation's endowment consists of individual funds established for scholarships, support of the Museum, Foundation and the Foundation's annual Symposium. Endowment fund balances are classified and reported as unrestricted, temporarily restricted, or permanently restricted net assets in accordance with donor specifications and state law.

Interpretation of Relevant Law

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

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

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

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

14. ENDOWMENT – CONTINUED

The following depicts the endowment funds (in thousands of dollars), as well as the activity for the endowment funds, for the year ended December 31, 2015:

	<u>Permanently Restricted</u>
Endowment net assets, beginning of year	\$ 7,706
Donations and other support	127
Net unrealized/realized gains (losses)	(53)
Investment income	21
Released from restrictions	(115)
Endowment net assets, end of year	<u>\$ 7,686</u>

The endowment net assets are all donor designated funds.

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

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

The Foundation uses the following principles for their Spending Policy:

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

SUPPLEMENTARY INFORMATION

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATED SCHEDULE OF DIVISIONAL INCOME & EXPENSES (UNAUDITED)
FOR THE YEAR ENDED DECEMBER 31, 2015,
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2014
(In thousands of dollars)

		Program				
	Administration	Museum Support	Flight Academy	Flightdeck Store	Concessions	Investment Activity
REVENUES AND OTHER SUPPORT						
Sales, special events, tuition, and admissions	\$ -	\$ 30	\$ 1,687	\$ 3,007	\$ 273	\$ -
Contributions and memberships	168	68	682	-	-	-
Investment income	-	-	-	-	-	230
Investment gains (losses)	-	-	-	-	-	(532)
Increase (decrease) in interest in perpetual trust	-	-	-	-	-	(53)
Miscellaneous income	29	-	-	-	-	-
Total Revenues and Other Support	197	98	2,369	3,007	273	(355)
EXPENSES						
Operating expenses:						
Advertising and marketing	-	204	69	22	-	-
Bad debts	-	-	-	-	-	-
Bank, broker, and credit card charges	19	-	18	55	1	-
Depreciation and amortization	163	-	1,212	-	-	-
Direct costs and costs of sales	-	19	832	1,492	100	-
Event expense	-	-	-	-	-	-
Insurance	66	2	149	-	-	-
Intercompany (revenue) expense	(316)	-	316	-	-	-
MIS support	70	7	50	27	-	-
Office supplies	24	10	21	46	-	-
Other expenses	41	7	93	7	-	-
Professional services	43	-	-	-	-	-
Repairs and maintenance	5	5	145	12	-	-
Restoration and museum projects	-	428	-	-	-	-
Salaries and benefits	909	667	441	314	31	-
Travel	8	2	24	2	-	-
Utilities and telephone	24	1	165	18	-	-
	1,056	1,352	3,535	1,995	132	-
Other expenses:						
Loss on disposal of property	-	-	-	-	-	-
Total Expenses	1,056	1,352	3,535	1,995	132	-
INCREASE (DECREASE) IN NET ASSETS	\$ (859)	\$ (1,254)	\$ (1,166)	\$ 1,012	\$ 141	\$ (355)

See independent auditors' report.

NAVAL AVIATION MUESUM FOUNDATION, INC., AND SUBSIDIARIES
CONSOLIDATED SCHEDULE OF DIVISIONAL INCOME & EXPENSES (UNAUDITED) - CONT'D
FOR THE YEAR ENDED DECEMBER 31, 2015,
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2014
(In thousands of dollars)

	Program				2015 Total	2014 Total
	Development	Membership	Theaters	Simulators		
REVENUES AND OTHER SUPPORT						
Sales, special events, tuition, and admissions	\$ 251	\$ -	\$ 1,098	\$ 746	\$ 7,092	\$ 6,337
Contributions and memberships	660	272	-	-	1,850	3,985
Investment income	-	-	-	-	230	239
Investment gains (losses)	-	-	-	-	(532)	10
Increase (decrease) in interest in perpetual trust	-	-	-	-	(53)	3
Miscellaneous income	-	-	-	-	29	129
Total Revenues and Other Support	911	272	1,098	746	8,616	10,703
EXPENSES						
Operating expenses:						
Advertising and marketing	17	3	16	-	331	368
Bad debts	26	-	-	-	26	36
Bank, broker, and credit card charges	-	-	25	-	118	105
Depreciation and amortization	-	-	-	-	1,375	1,267
Direct costs and costs of sales	3	-	266	120	2,832	2,628
Event expense	114	-	-	-	114	115
Insurance	-	-	1	19	237	253
Intercompany (revenue) expense	-	-	-	-	-	-
MIS support	8	-	8	-	170	172
Office supplies	30	74	20	-	225	201
Other expenses	15	-	3	5	171	187
Professional services	-	-	-	-	43	47
Repairs and maintenance	-	-	122	19	308	259
Restoration and museum projects	-	-	-	-	428	768
Salaries and benefits	370	65	375	200	3,372	3,209
Travel	19	-	2	-	57	47
Utilities and telephone	3	-	99	13	323	231
	605	142	937	376	10,130	9,889
Other expenses:						
Loss on disposal of property	-	-	-	-	-	247
Total Expenses	605	142	937	376	10,130	10,137
INCREASE (DECREASE) IN NET ASSETS	\$ 306	\$ 130	\$ 161	\$ 370	\$ (1,514)	\$ 566

See independent auditors' report.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATING STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED DECEMBER 31, 2015
(In thousands of dollars)

	<u>NAMF</u>	<u>Support</u>	<u>NFA</u>	<u>Consolidating</u>	<u>Consolidated</u>
ASSETS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 808	\$ 697	\$ 604	\$ -	\$ 2,109
Unconditional promises to give, net	5	-	419	-	424
Inventories	-	569	-	-	569
Prepaid expenses	51	6	94	-	151
Due from other subsidiaries	-	2,563	(2)	(2,561)	-
Other current assets	49	-	110	-	159
Total current assets	<u>913</u>	<u>3,835</u>	<u>1,225</u>	<u>(2,561)</u>	<u>3,412</u>
NON-CURRENT ASSETS					
Investments	10,156	1,221	-	-	11,377
Beneficial interest in perpetual trust	1,177	-	-	-	1,177
Unconditional promises to give, net	-	-	842	-	842
Property and equipment, net	69	1,440	4,381	-	5,890
Other assets	-	48	89	-	137
Total non-current assets	<u>11,402</u>	<u>2,709</u>	<u>5,312</u>	<u>-</u>	<u>19,423</u>
TOTAL ASSETS	<u>\$ 12,315</u>	<u>\$ 6,544</u>	<u>\$ 6,537</u>	<u>\$ (2,561)</u>	<u>\$ 22,835</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable	\$ 29	\$ 227	\$ 84	\$ -	\$ 340
Accrued wages & compensated absences	150	167	64	-	381
Due to other subsidiaries	2,561	-	-	(2,561)	-
Note payable, current	-	81	-	-	81
Deferred revenue, current	84	-	165	-	249
Total current liabilities	<u>2,824</u>	<u>475</u>	<u>313</u>	<u>(2,561)</u>	<u>1,051</u>
LONG-TERM LIABILITIES					
Note payable, long-term	-	588	-	-	588
Deferred revenue, long-term	-	-	89	-	89
Total long-term liabilities	<u>-</u>	<u>588</u>	<u>89</u>	<u>-</u>	<u>677</u>
TOTAL LIABILITIES	<u>2,824</u>	<u>1,063</u>	<u>402</u>	<u>(2,561)</u>	<u>1,728</u>
NET ASSETS	<u>9,491</u>	<u>5,481</u>	<u>6,135</u>	<u>-</u>	<u>21,107</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 12,315</u>	<u>\$ 6,544</u>	<u>\$ 6,537</u>	<u>\$ (2,561)</u>	<u>\$ 22,835</u>

See independent auditors' report.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES
CONSOLIDATING STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2015
(In thousands of dollars)

	<u>NAMF</u>	<u>Support</u>	<u>NFA</u>	<u>Consolidated</u>
REVENUES AND OTHER SUPPORT				
Sales, special events, tuition and admissions	\$ 280	\$ 5,125	\$ 1,687	\$ 7,092
Contributions and memberships	932	236	682	1,850
Investment income	230	-	-	230
Investment gains (losses)	(486)	(46)	-	(532)
Increase (decrease) in interest in perpetual trust	(53)	-	-	(53)
Miscellaneous income	7	22	-	29
	<u>910</u>	<u>5,337</u>	<u>2,369</u>	<u>8,616</u>
EXPENSES				
Operating expenses:				
Program services	1,184	4,354	3,533	9,071
Management and general	997	62	-	1,059
	<u>2,181</u>	<u>4,416</u>	<u>3,533</u>	<u>10,130</u>
CHANGE IN NET ASSETS	(1,271)	921	(1,164)	(1,514)
NET ASSETS, BEGINNING OF YEAR	<u>10,762</u>	<u>4,560</u>	<u>7,299</u>	<u>22,621</u>
NET ASSETS, END OF YEAR	<u>\$ 9,491</u>	<u>\$ 5,481</u>	<u>\$ 6,135</u>	<u>\$ 21,107</u>

See independent auditors' report.





**FISCAL YEAR 2017 – 2018
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 2015 or 2016 tax return
- A letter of determination from the IRS confirming your organization's federally tax exempt status

Agency Name:

- Sertoma's 4th of July Celebration, a joint venture of Pensacola's Sertoma's Clubs

Agency Address:

c/o Jeff Heddy
Northeast Pensacola Sertoma Club, Inc
P O Box 10697
Pensacola, FL 32504

Program Name:

- Sertoma's 4th of July Celebration

Program Contact:

- Gena Hernandez

Contact Email:

- Gena Hernandez (genahernandez@rocketmail.com)

Contact Phone:

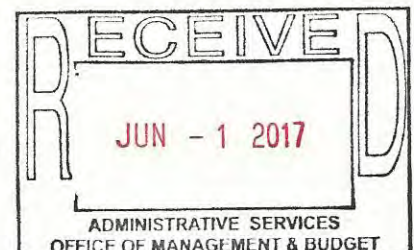
- 850-221-2520

25-Word Description of Program:

- 28th year of Sertoma's 4th of July Celebration on the Pensacola Bayfront. An all-day, all-free family event on the Pensacola Bayfront including Children's Area, Arts & Crafts, Crafting, and food experiences; and, cumulates with the largest Fireworks Show on the Gulf.

Amount Requested:

- \$75,000





**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Amount Received Last Year, if applicable:

- \$75,000

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

- Escambia County's support makes this event possible. Specific line items include children's area, fireworks, barge, tug, bands, stage, billboards, insurance and sound. This event is open to all with no cost to participate.

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- Similar to past 8 years, this 4th Cent money is used to make possible a high-quality holiday event that appeals to visitors. And see prior paragraph.

Explain how you are the best partnering agency for your program.

- Sertoma primarily raises money and awareness to aide children's hearing but also promotes patriotism as part of its organizational goals. Sertoma has produced this Escambia County event for 27 straight years.

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

- The free Children's Area would be eliminated and the Fireworks Show would be reduced.

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

- n/a

Provide "Specific and Measurable" metrics in the following three sections:

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

For example, "reduce homelessness in Escambia County by "X"%"

- Provide an attractive holiday event to promote tourism.
- Celebrate patriotism and teach our children about our independence
- Family fun at no cost to participants

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."

- Attendance exceeding 50,000. In 2016, we had 72,500 participate.
- Helping fill Pensacola hotels to capacity.
- Expand the attendance at Symphony performance at the Amphitheater at Maritime Park



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

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

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

- 2015 Attendance – 64,100
- 2016 Attendance – 72,500

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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private (Media Donations) EST-TV & Radio	50,000	50,000	50,000
Programmatic Income			
County Funding	75,000	75,000	75,000
City Funding	0	0	0
State Funding	0	0	0
Federal Funding	0	0	0
Memberships	0	0	0
Investment Income	0	0	0
Other Income	13416	10600	11,600
Total Income	138,416	135,600	136,600

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	<u>All volunteer</u>	<u>All volunteer</u>	<u>All volunteer</u>
Salaries and Wages	<u>All volunteer</u>	<u>All volunteer</u>	<u>All volunteer</u>
Employee Benefits	<u>All volunteer</u>	<u>All volunteer</u>	<u>All volunteer</u>
Professional Services			
Contractual Services			
Travel Expenses			



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion	<u>52763</u>	<u>52950</u>	<u>52600</u>

Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Fuel	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>89231</u>	<u>82455</u>	<u>83705</u>
Other Expenses			
Capitalizable Assets/ Equipment	<u>0</u>	<u>0</u>	<u>0</u>
Total Expenses			
Net Income/Revenue minus Expense	<u>-3577</u>	<u>195</u>	<u>295</u>

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- None

Please explain any request listed in the "Other Expenses" line item.

-

Sertoma's 4th of July--2018

6/09/17

Recap of Past Success

For the 29th year, area Sertoma organizations plan to coordinate and host the largest 4th of July celebration on the Gulf Coast on July 4, 2018. Here is some info in response to questions from Escambia County BOCC. Without the support of our BOCC, this event will not take place.

Hotel Bookings

Data provided by Visit Pensacola

Row Labels	Occupancy
2014	83.9
Jul	83.9
2	73.6
3	87.4
4	98.1
5	96.7
6	63.8
2015	83.8
Jul	83.8
2	80.9
3	97.0
4	96.2
5	68.7
6	76.3
2016	85.3
Jul	85.3
2	97.2
3	95.6
4	76.5
5	76.6
6	80.8

Success as it Relates to the Economic Impact & Visitors

[Excerpted from Majority Opinion Research Survey provided by Visit Pensacola.]

“The 2016 July 4th Celebration fireworks in downtown Pensacola drew approximately 65,500 people, up from 62,000 last year. This year the weather was hot but clear; in 2015 there was rain and lightning impacting the event.”

“All together it is estimated that 2016 July 4th Celebration in downtown Pensacola attendees contributed \$3,638,079 (up from \$2,403,459 last year) to local economies **(with \$3,601,997 of this spending in Escambia County)**. Factoring in that 42% of the destination visitors specifically came to Pensacola for the event, it is estimated that the **event directly aided in \$2,052,548 being spent in Escambia County** (up from \$1,395,177 last year).”

Comparison to other Fireworks Shows

The highlight of each year’s Sertoma’s 4th of July is an amazing fireworks show that is fully synchronized to patriotic music broadcast on CatCountry 98.7.

Unlike other July 4th fireworks show, Sertoma’s 4th of July is an **all-day celebration** for Escambia County families. It is FREE. There are activities throughout the day in Seville Square to include a free Children’s Area with inflatables, pony rides, rock climbing wall, “meet and greet” with characters, face painting, and much more! There are variety of Arts and Crafts vendors, Food vendors, and live entertainment on the Bayfront stage in the afternoon. Of course, the 4th of July would not be complete without a Hot Dog Eating Contest!

Returning this year is a FREE Pensacola Symphony Orchestra concert at Hunter Amphitheater in Vince Whibbs Community Maritime Park at 7:30P. This live orchestra concert broadcast to speakers along Bayfront Parkway and to Wahoos Stadium. And then, the festivities culminate with the amazing fireworks show over Pensacola Bay at 9P.

Major Costs

The major expenses are fireworks, tug/barge, stage, sound, Children’s Area and insurance – about \$69,000. See attached budget.

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

NORTHEAST PENSACOLA SERTOMA CLUB, INC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☒ Other (see instructions) ▶

501c3

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting
code (if any) _____

Address (number, street, and apt. or suite no.)

P.O. BOX 10697

City, state, and ZIP code

PENSACOLA, FL 32504

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

Employer identification number

5	9	-	2	4	1	7	4	5	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ▶

Date ▶

4-21-2016

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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

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

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

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

0000050 08/15/13



Consumer's Certificate of Exemption

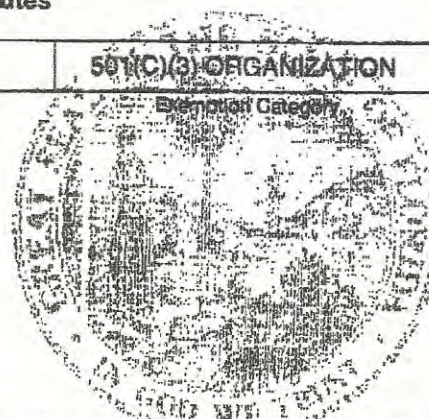
DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8014981317C-5	12/31/2013	12/31/2016	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

NORTHEAST PENSACOLA SERTOMA CLUB INC
14 W JORDAN ST
PENSACOLA FL 32501-1736



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



Important Information for Exempt Organizations

DR-14
R. 04/11

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



1912 E. Meyer Blvd.
Kansas City, MO 64132
816-333-8300
800-593-5646

Fax: 816-333-4320
infosertoma@sertomaHQ.org
www.sertoma.org

July 1, 2008

Northeast Pensacola Sertoma Club
Attn: George M. Knefely

To Whom It May Concern:

This letter will serve as verification that Northeast Pensacola Sertoma Club is a duly recognized and chartered Club of Sertoma. This club has been reported as a subordinate to the IRS as required in revenue procedure 80-27, under EIN 592417459. Northeast Pensacola Sertoma Club is in good financial standing with the parent organization and therefore falls under group tax exempt status. This club is exempt under GEN #5409, Section 501(c)(3), EIN 63-0655922.

We are enclosing copies of the determination letter from the Internal Revenue Service granting our Organization and all subordinates tax-exempt status under 501(c)(3).

Sincerely,

Amy Ellington
Director of Finance/Administration
Aellington@sertomahq.org

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

DEPARTMENT OF THE TREASURY

Date: **SEP 10 2007**

SERTOMA FOUNDATION
1912 E MEYER BLVD
KANSAS CITY, MO 64132-1141

Employer Identification Number:
63-0655922
DLN:
17053010016007
Contact Person:
JOY M HLAVATY ID# 31495
Contact Telephone Number:
(877) 829-5500

Addendum Applies:
Yes

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a)(2) of the Code.

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

Your subordinates whose gross receipts each year are normally more than \$25,000 are each required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of \$20 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty imposed cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable

Letter 2419 (DO/CG)

SERTOMA FOUNDATION

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

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

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

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

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

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

Letter 2419 (DO/CG)

SERTOMA FOUNDATION

- c. Were added to your roster.
3. For subordinates to be added, attach:
- a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
 - b. A statement that each has given you written authorization to add its name to the roster;
 - c. A list of those to which the Service previously issued exemption rulings or determination letters;
 - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
 - e. The street address of each subordinate whose mailing address is a P.O. Box; and
 - f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule B, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.
4. If applicable, a statement that your group exemption roster did not change since your previous report.

Please mail the information requested in this letter to the following address:

Internal Revenue Service
Ogden UT 84201

Your Group Exemption Number is 5409. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

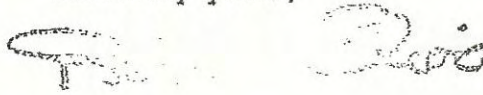
Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your records.

Letter 2419 (DO/CG)

SERTOMA FOUNDATION

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

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Robert Choi', is written over a faint, circular official stamp.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 2419 (DO/CG)

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2014

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning <u>Jul 1</u> , 2014, and ending <u>Jun 30</u> , 2015	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Northeast Pensacola Sertoma Club</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 10697</u> City or town, state or province, country, and ZIP or foreign postal code <u>Pensacola FL 32504</u>
D Employer identification number <u>59-2417459</u>	
E Telephone number <u>(850) 748-7007</u>	
F Group Exemption Number ▶ <u>5409</u>	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	
I Website: ▶ <u>www.nepensacolasertoma.com</u>	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
H Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <u>130,051.</u>	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	<u>14,703.</u>
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory 5 a		
	b Less: cost or other basis and sales expenses 5 b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a	<u>3,550.</u>	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b	<u>111,523.</u>	
c Less: direct expenses from gaming and fundraising events 6 c	<u>55,646.</u>		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d		<u>59,427.</u>	
7 a Gross sales of inventory, less returns and allowances 7 a	<u>275.</u>		
b Less: cost of goods sold 7 b	<u>130.</u>		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c		<u>145.</u>	
8 Other revenue (describe in Schedule O) 8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		<u>74,275.</u>	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) <u>See L-10, Stmt</u> 10		<u>52,142.</u>
	11 Benefits paid to or for members 11		<u>0.</u>
	12 Salaries, other compensation, and employee benefits 12		<u>0.</u>
	13 Professional fees and other payments to independent contractors 13		<u>3,444.</u>
	14 Occupancy, rent, utilities, and maintenance 14		<u>15,843.</u>
	15 Printing, publications, postage, and shipping 15		<u>379.</u>
	16 Other expenses (describe in Schedule O) <u>See Form 990-EZ, Part I, Line 16, Other Expenses</u> 16		<u>10,365.</u>
	17 Total expenses. Add lines 10 through 16 ▶ 17		<u>82,173.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18		<u>-7,898.</u>	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		<u>23,396.</u>
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		<u>15,498.</u>

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

Form 990-EZ (2014)

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

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	23,396.	22 15,498.
23	Land and buildings	0.	23 0.
24	Other assets (describe in Schedule O)	0.	24 0.
25	Total assets	23,396.	25 15,498.
26	Total liabilities (describe in Schedule O).	0.	26 0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,396.	27 15,498.

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

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

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	HOGFEST IS AN ANNUAL FUNDRAISER. THE EVENT IS A REVERSE RAFFLE FOR A NEW HARLEY DAVIDSON MOTORCYCLE. FUNDRAISER INCLUDES A LARGE OUTSIDE PARTY AT OUR HARLEY DAVIDSON DEALERSHIP, LIVE MUSIC, SILENT & LIVE AUCTIONS, FOOD & BEVERAGES. ALL PROCEEDS ARE DONATED TO LOCAL CHARITIES. WE JUST COMPLETED OUR 9TH ANNUAL EVENT AND WILL DISTRIBUTE \$50k TO LOCAL CHARITIES. (Grants \$ 0 .) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28 a	26,861.
29	DRAGON BOAT FESTIVAL IS AN ANNUAL FUNDRAISER. THE EVENT INCLUDES A ROWING COMPETITION BETWEEN LOCAL BUSINESSES AND COMMUNITY GROUPS. EACH TEAM MUST HAVE 10 MEN AND 10 WOMEN. EACH TEAM PAYS AN ENTRY FEE AND RAISES FUNDS. THE EVENT IS HELD IN BAYOU TEXAR, PENSACOLA, FL. (Grants \$ 0 .) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29 a	28,785.
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	55,646.

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

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0 .		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ <u>Dr. George Knefley</u> Telephone no. ▶ <u>(850) 434-5989</u> Located at ▶ <u>2862 Blackshear Avenue</u> <u>Pensacola</u> FL ZIP + 4 ▶ <u>32503</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If 'Yes,' enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
If 'Yes,' enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49 a		X
49 b		

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

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				
None	0.00	0.	0.	0.

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

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

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

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	Signature of officer	02/12/16		
	Jeffrey J. Heddy	Date		
Paid Preparer Use Only	Type or print name and title	Treasurer		
	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Jeffrey Heddy		02/12/16	P01620256
	Firm's name ▶ FLORES FLORES & GARG, PA	Firm's EIN ▶ 26-0873252		
	Firm's address ▶ 25 W Cedar St. Suite 400	Phone no. (850) 791-6666		
	Pensacola FL 32502			

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Northeast Pensacola Sertoma Club

Employer identification number

59-2417459

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	24,246.	20,993.	26,510.	26,732.	14,978.	113,459.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	57,153.	64,291.	92,941.	68,523.	111,523.	394,431.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5	81,399.	85,284.	119,451.	95,255.	126,501.	507,890.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						507,890.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	81,399.	85,284.	119,451.	95,255.	126,501.	507,890.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3.			3.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			3.			3.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)	81,399.	85,284.	119,454.	95,255.	126,501.	507,893.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.00 %

- 19 a 33-1/3% support tests — 2014.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33-1/3% support tests — 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions).	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2014

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

Schedule A (Form 990 or 990-EZ) 2014

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Northeast Pensacola Sertoma Club

Employer identification number

59-2417459

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.
List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
R E V E N U E	1 Gross revenue				
	2 Cash prizes				
D I R E C T E X P E N S E S	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Northeast Pensacola Sertoma Club

Employer identification number

59-2417459

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

SPONSERSHIP OPERATING COSTS 10,365.

Total 10,365.

Form 990-EZ, Part III, Statement of Program Service Accomplishments
Organization's Primary Exempt Purpose

****SERVICE TO MANKIND****

WE FOCUS ON THE UNDERSERVED NEEDS OF
 LOCAL NEEDY CHILDREN, PRIMARILY WITH
 HEARING ISSUES.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment DONATION FOR PARTICIPATION IN 2014 DRAGONBOAT FESTIVAL

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

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment CHRISTMAS WALK DONATION

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

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment CHARITABLE DONATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NON-PROFIT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
501C3	CAPSTONE	NONE	
	4901 W FAIRFIELD DRIVE		
	PENSACOLA FL 32506		600.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment PARTICIPATION IN HOGFEST CONTRIBUTION

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

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment PARTICIPATION IN HOGFEST

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

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment PARTICIPATION IN HOGFEST

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

If property other than cash was given, the following additional information needs to be provided:

Description of Property

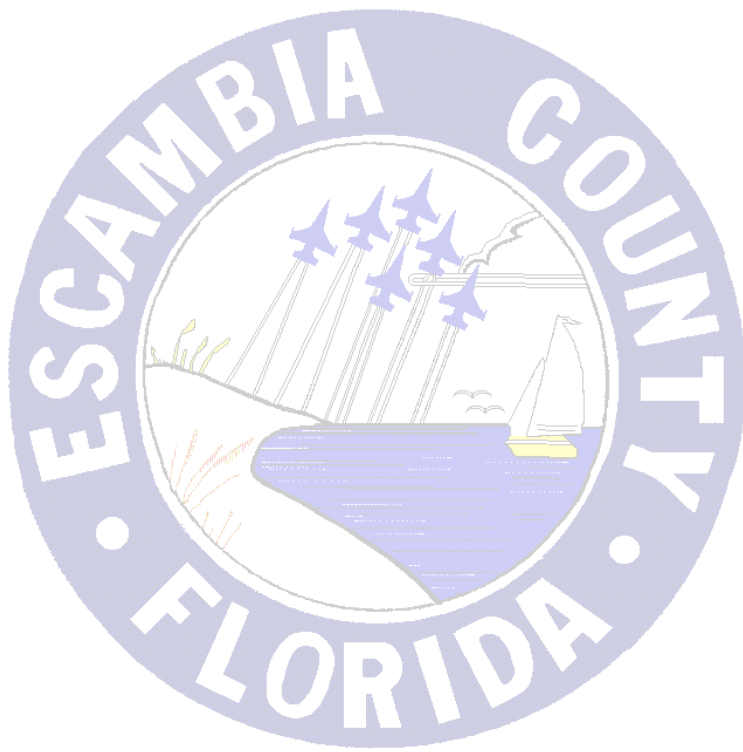
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Supporting Statement of:

Form 990-EZ/Line 7a

Description	Amount
SLIDE THE CITY	217.
ZOMBIE RUN	58.
Total	275.





FISCAL YEAR 2017 – 2018 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 fully completed Agency Request Form
- A copy of your organization's current W-9
- A Letter of Determination from the IRS confirming your organization's federally tax exempt status
- A copy of your organization's 2015 or 2016 tax return
- A copy of your organization's most recent financial statements, with audit if applicable

Agency Name:

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

Agency Address:

- P.O. Box 13602
Pensacola, FL 32591

Program Name:

- Maintenance and Conservation of St. Michael's Cemetery

Program Contact:

- Catherine Eddins

Contact Email:

- Meddins@uwf.edu

Contact Phone:

- 850-857-6321

25-Word Description of Program:

- St. Michael's Cemetery Foundation of Pensacola, Inc. will use the County funds for maintenance and conservation of St. Michael's Cemetery's historic interior fencing, interior lighting, interpretive signs, and address unique metal and masonry features in the cemetery.

Amount Requested:

- 25000.00



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

Amount Received Last Year, if applicable:

- 25000.00

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

- Funds were used toward the conservation and maintenance of the perimeter fence and trees. Historic St. Michael's Cemetery is the oldest and most significant historic site that survives above ground, so repairing damage caused by vandals or nature is an expensive and challenging task. Funds have always been used in the maintenance of the site to ensure conditions are safe for visitors. A maintenance list is always being updated and work is continually ongoing.

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

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- The money will be used to continue to monitor the condition and maintain interior iron fencing. Further, funds will be used to install both exterior perimeter lighting and interior spot lighting providing security, and address unique metal and masonry features in the cemetery. Funds likely will be used to install additional benches, and interpretative signs at historically significant spots throughout the site. In addition, funds will be used to support printing brochures for visitors to the site and for regional advertising.

Explain how you are the best partnering agency for your program.

- St. Michael's Cemetery Foundation of Pensacola, Inc. is the stewardship group for St. Michael's Cemetery. The Foundation works in concert with professionals from University of West Florida to provide services.

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

- The upkeep of a historic cemetery is expensive and nonstop, but this is an important asset that needs to be maintained to preserve Escambia County History. The St. Michael Cemetery Foundation Board helps other cemetery groups, so cutting funding will not only harm St. Michel's Cemetery, but smaller historic cemeteries. If funding is reduced, additional fund raising efforts will be needed so the Foundation can continue to maintain this important historic site. Providing partial funds will make the task of maintaining this large historic cemetery very difficult.

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:

- No.



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

Provide “Specific and Measurable” metrics in the following three sections:

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

For example, “reduce homelessness in Escambia County by “X”%”

- 1. Maintaining the oldest and most significant historic site that survives above ground, reflecting almost 250 years of Pensacola History.
- 2. Promoting a heritage tourism destination in Escambia County by offering tours and publications that highlight an important asset in the County.
- 3. Educating the public on the history of Escambia County by offering lectures, public days, and publications.

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

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

- 1. Number of headstones and fences repaired over the period of one year.
- 2. Number of tours given to the public and number of visitors that have attend events.
- 3. Number of individuals and organizations that benefit from the research and publications that the Foundation has offered.

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

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

- St. Michael's Cemetery Foundation has no paid staff, but does have an all volunteer Board that has qualified professionals who are active in the management and protection of the cemetery. The Cemetery is open 365 days a year, at no charge, and people can be seen daily touring the site. There is no exact way to count daily visitors, but attendance from events, tours, and lectures are tracked.

St. Michael's Cemetery Foundation of Pensacola Inc.

Fiscal Year 2017-2018, Outside Agency Funding

Additional Information

What is the economic impact of your function?

St. Michael's Cemetery is an eight acre green space in the heart of the urban environment open to the public 365 days of the year at no cost. It is on the National of Historic Places as a contributing property to the Pensacola Historic District. The site is a draw for heritage tourism. It is one of the two oldest cemeteries in the state of Florida, the other being Tolomato Cemetery in St. Augustine. It is promoted by the state of Florida as a stop on the Spanish Colonial Heritage Trail. It is cross promoted by Historic Pensacola Village as many of the people and sites within Escambia County link directly with people and sites in the cemetery. It is also the first historic site that visitors to Pensacola see, when entering into the historic district. People who travel to Pensacola, Escambia County, Florida for heritage tourism can visit historic St. Michael's Cemetery, 365 days a year, at no charge. It is a jewel in the crown of Pensacola's heritage tourism.

How many visitors do you have annually? Where do these visitors come from?

A conservative estimate is 10 thousand visitors annually. This includes our local, state, and regional visitors, as well as, our visitors from around the world. For example, two recent visitors from Germany came to Pensacola specifically to visit St. Michael's Cemetery.

Note: St. Michael's Cemetery has no paid staff and is managed by an all-volunteer board of professionals. For this reason it is difficult to quantitate the number of visitors spending the night as entrance is free and the site is open every day for walk-in visitation.

Do you provide services to other cemeteries? If so, provide a list and what activities are being done at each site.

St. Michael's Cemetery is used as a model for historic cemetery preservation, both in Pensacola and in the state of Florida. Locally it is also being used as an umbrella organization to assist other cemeteries in Pensacola. The Archaeology Institute contributes very substantial in-kind service in support of St. Michael's Cemetery as well as the other historic cemeteries in our community. Through the Pensacola Area Cemetery Team we are currently assisting historic cemeteries in Escambia County and Santa Rosa County through the PACT manual. We have worked closely with Montgomery-John the Baptist Cemetery (1870; resting place of Spencer Bibbs). We are currently working with St. John's Cemetery (1876) on their state-funded preservation plan, who received a grant from the Florida Humanities Council. We have just completed the survey of St. Josephs Cemetery (1876) and are working closely with them on future plans. We are working with Temple Beth El Cemetery (1869) regarding conservation treatments. The above cemeteries have dedicated funding for general maintenance.

A primary focus for the past three years has been stabilization of three historic cemeteries representing Pensacola's African-American community beginning in the late 1800s (AME Zion Cemetery, Magnolia Cemetery and Mt. Zion Cemetery). These three sites are very significant in telling the story of this segment of our population-many of the initial burials were of people born into slavery or first generation post-emancipation. St. Michael's Cemetery Foundation serves as the 501c3 umbrella that is helping to support the activities in these three cemeteries. The Archaeology Institute coordinates in-kind services provided by UWF volunteers. We work closely with Keep Pensacola Beautiful and other community volunteers. The UWF Historic Trust provides flow-through of any funds that are available for maintenance. This too, is an in-kind service.

UWF Archaeology Institute in partnership with St. Michael's Cemetery Foundation of Pensacola, Inc.

Roberts Cemetery (ca1862) – Consulting in-kind

Temple Beth El Cemetery (1869) – Consulting in-kind; conservation treatment to monuments, not in-kind

Montgomery-John the Baptist Cemetery (1870) – Partnered By These Hands project (public project)

St. John's Cemetery (1876) – Consulting in-kind for their state-funded preservation plan

Magnolia Cemetery (1882) – oversee lawn maintenance, raising and leveling monuments

New Hope Cemetery (1882) – Mapped in-kind

AME Zion Cemetery (1886) – oversee lawn maintenance, raising and leveling monuments

St. Joseph's Cemetery (1899) – Consulting in-kind, mapped in-kind

Clopton Cemetery (1901) – Consulting in-kind (PACT)

Mt. Zion Cemetery (ca1905) – partnering with other agencies to clear vegetation

Whitmire Cemetery – Consulting in-kind

Milton Cemetery (Santa Rosa County) – Consulting in-kind

Milton Cemetery – Berryhill (Santa Rosa County) – Consulting in-kind

Carnley Cemetery (Santa Rosa County) – Consulting in-kind, oversight of Master's Thesis research

The UWF Archaeology Institute with participation by the St. Michael's Cemetery Foundation consults with historic cemeteries around the state and provides training workshops for municipal governments and community stewards.

See attached the Pensacola Area Cemetery Team (PACT) Overview and Manual.



FISCAL YEAR 2017 – 2018 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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding	25000.00	25000.00	25000.00
City Funding			
State Funding	30000.00	30000.00	30000.00
Federal Funding			
Memberships	2000.00	2000.00	2000.00
Investment Income	9840.00	9000.00	9500.00
Other Income			
Total Income	66840.00	66000.00	67000.00

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing			
Salaries and Wages			
Employee Benefits			
Professional Services	8840.00	21567.00	9000.00
Contractual Services	40000.00	38000.00	40000.00
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight	1000.00	1000.00	1000.00
Repair and Maintenance	15000.00	3433.00	15000.00
Printing and Binding			
Marketing and Promotion	2000.00	2000.00	2000.00



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses (cont.)

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Fuel			
Supplies			
Event Expenses			
Other Expenses			
Capitalizable Assets/ Equipment			
Total Expenses			
Net Income/Revenue minus Expense	66840.00	66000.00	67000.00

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- N/A

Please explain any request listed in the "Other Expenses" line item.

- N/A

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. St. Michael's Cemetery of Pensacola, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ non-profit	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) P. O. Box 13602	Requester's name and address (optional)
6 City, state, and ZIP code Pensacola, FL 32591	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
			-				-		
or									
Employer identification number									
5	9		-	3	6	4	1	8	7
									0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/11

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

This certifies that

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

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



Important Information for Exempt Organizations

DR-14
R. 04/11

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

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1876

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning 2016, and ending 2016

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2016**

Name of exempt organization

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

Employer identification number

****-***1870**

Name and title of officer

**Matt Newcomer
Treasurer****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	29,764
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **Lambert Lanza, CPAs, P.A.** to enter my PIN **41870** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **04/03/17****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Patrick G. LanzaDate ▶ **04/03/17****CLIENT'S COPY**
ERO Must Retain This Form — See Instructions**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Lambert Lanza, CPAs, P.A.**Certified Public Accountants****Pensacola, Florida**Form **8879-EO** (2016)

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2016 calendar year, or tax year beginning

, and ending

B Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization**St. Michael's Cemetery Foundation
of Pensacola, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 13602

Room/suite

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

Pensacola**FL 32591****D** Employer identification number****-***1870****E** Telephone number**850-266-9179****F** Group Exemption

Number ▶

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

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **29,764****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19,620
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,186
	5a	Gross amount from sale of assets other than inventory	5a	2,958
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,958
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	29,764	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,177
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	788
	16	Other expenses (describe in Schedule O)	16	14,922
17	Total expenses. Add lines 10 through 16	17	18,887	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,877
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	292,856
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	7,991
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	311,724

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

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

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

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	18,770	22	12,766
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	274,086	24	298,958
25 Total assets	292,856	25	311,724
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,856	27	311,724

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

☒ X

What is the organization's primary exempt purpose?

See Schedule O

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	The maintenance and restoration of St. Michael's Cemetery in Pensacola, FL.		
	(Grants \$) If this amount includes foreign grants, check here	28a	18,887
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	18,887

Part IV	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Matt Newcomer Telephone no. ▶ 850-266-9179 125 West Romana Street, Suite 102 Located at ▶ Pensacola FL ZIP + 4 ▶ 32502		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶		X
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b		

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

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

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Matt Newcomer

Date

Treasurer

Type or print name and title

Paid

Preparer
Use Only

Print/Type preparer's name Patrick G. Lanza	Preparer's signature Patrick G. Lanza	Date 04/03/17	Check <input type="checkbox"/> if self-employed	PTIN *****
Firm's name ▶ Lambert Lanza, CPAs, P.A.	Firm's EIN ▶ ** - ***9230			
Firm's address ▶ 3700 Creighton Road, Suite 1 Pensacola, FL 32504	Phone no. 850-484-2900			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

**St. Michael's Cemetery Foundation
of Pensacola, Inc.**

Employer identification number

****-***1870****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,517	77,230	20,138	31,001	19,620	187,506
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	39,517	77,230	20,138	31,001	19,620	187,506
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						187,506

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	39,517	77,230	20,138	31,001	19,620	187,506
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,226	5,882	6,452	1,200	7,178	27,938
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,750					14,750
11 Total support. Add lines 7 through 10						230,194
12 Gross receipts from related activities, etc. (see instructions)					12	1,688
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 2016 (line 6, column (f) divided by line 11, column (f))	14	81.46 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.57 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income \$ 14,750

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2016**Open to Public
Inspection**Name of the organization **St. Michael's Cemetery Foundation
of Pensacola, Inc.**Employer identification number
****-***1870****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
-------------	--------

Expenses

Supplies \$ 448

Website maintenance \$ 225

Insurance \$ 1,235

Restoration project \$ 11,771

Telephone \$ 882

License & Permits \$ 61

Gate services \$ 300

Total \$ 14,922

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
-------------	--------

Unrealized Gain \$ 7,991

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
-------------	--------------	-------------

Market securities \$ 274,086 \$ 298,958

Total \$ 274,086 \$ 298,958

Form 990-EZ, Part III - Primary Exempt Purpose

To Maintain, restore, repair, beautify, and improve St. Michael's Cemetery in Pensacola, Florida, as a public cemetery, and to provide for the perpetual care in that cemetery.

Federal Statements

4/3/2017 8:13 PM

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
	Capital gain distributions				\$ 2,958	\$		2,958
Total					\$ 2,958	\$ 0	\$ 0	2,958

Federal StatementsSchedule A, Part II, Line 1(e)

Description	Amount
Donations - general public	\$ 19,620
Total	\$ 19,620

Schedule A, Part II, Line 8(e)

Description	Amount
Securities dividends	\$ 7,178
Total	\$ 7,178

Schedule A, Part II, Line 12 - Current year

Description	Amount
Bank interest	\$. 8
Total	\$. 8



St. Michael's Cemetery Foundation of Pensacola, Inc.

Post Office Box 13602 ♦ Pensacola, Florida 32591 ♦ Phone 850.436.4643

Statement of Activities

January through December 2016

Revenue

Contributions, gifts, grants	\$ 19,620
Investment Income	7,186
Sale of assets other than inventory	2,958

Total Revenue \$ 29,764

Expenses

Professional Fees	\$ 3,177
Postage, Printing	788
Supplies	448
Website Maintenance	225
Insurance	1,235
Restoration Project	11,771
Telephone	882
License and Permits	61
Gate Services	300

Total Expenses \$ 18,887

Total Income \$ 10,877



St. Michael's Cemetery Foundation of Pensacola, Inc.

Post Office Box 13602 ♦ Pensacola, Florida 32591 ♦ Phone 850.436.4643

Statement of Financial Position

As of May 3, 2017

Assets

Current Assets

Cash	\$	5,733
Brokerage Account		288,244
Total Current Assets		<hr/>
	\$	293,977

Non-Current Assets

Equipment	\$	1,500
Total Non-Current Assets		<hr/>
	\$	1,500

Total Assets	\$	<u>295,477</u>
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Liabilities and Net Assets

Current Liabilities

Accounts Payable	\$	2,767
Total Liabilities		<hr/>
	\$	<u>2,767</u>

Net Worth	\$	<u>292,710</u>
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PENSACOLA AREA CEMETERY TEAM (PACT)

THE IDEA:

The Pensacola Area Cemetery Team (PACT) was organized in late 2013 following Pensacola Mayor Ashton Hayward's request to the UWF Division of Anthropology and Archaeology for assistance in identifying and addressing issues associated with historic cemetery resources located within the city limits of Pensacola. UWF has a long standing commitment to community service and is pleased to assist the City of Pensacola in promoting historic cemetery preservation. The UWF Archaeology Institute has been actively involved with local, state, and regional historic cemetery preservation issues for over thirteen years. The UWF Florida Public Archaeology Network has also taken an active role statewide in promoting historic cemetery preservation. Like many municipal governments, the City of Pensacola does not own the cemeteries within city boundaries. However, the City does wish to be supportive of citizens overseeing historic cemetery resources.

The Pensacola Area Cemetery Team (PACT) is composed of professionals in the fields of archaeology, history, historic preservation, municipal government (several branches), landscape maintenance, and law. Several professionals and community volunteers involved with PACT were instrumental in establishing a successful stewardship plan for historic St. Michael's Cemetery. PACT will offer public talks, workshops, and one-on-one sessions with local steward groups, and will produce a comprehensive historic cemetery resource manual for use by municipal government and private stewardship groups.

THE MISSION:

The Mission of the Pensacola Area Cemetery Team (PACT) is to promote local historic cemetery preservation through an interdisciplinary approach to education and training and by fostering an informed stewardship base.

THE REASONING:

Across the country, municipalities are struggling with how best to address issues associated with the historic cemetery resources dotting the contemporary landscapes of their communities. In Pensacola our historic cemeteries are open-air museums that reflect a rich cultural heritage. Whether well maintained, neglected, or abandoned, they will be a constant presence on the landscape into the foreseeable future.

In Pensacola and elsewhere, how cemetery resources are addressed will generally result in one of two outcomes; if no action is taken many will continue to be eyesores that pose a threat to public safety. On the upside, if issues are affectively addressed, cemetery resources can become inviting community assets that contribute to a "sense of place" for residents and visitors alike. By addressing the complex issues associated with the cemetery resources in our community, we will be moving toward the second outcome.

THE PLAN:

Following a series of organizational meetings and with input from local cemetery stewards, PACT members began to identify specific needs to be addressed as well as to explore topics of specific interest to local stewards. Over the course of 2014, PACT will work with local stewardship groups on strategies that will enable citizen stewardship groups to better oversee the historic cemetery resources in their care. The end product will be a comprehensive manual detailing issues, best practices and guidelines, resource referrals, and recommendations for promoting the preservation of Pensacola's historic cemetery resources. This manual will be applicable to cemeteries in Escambia County and will be useful to stewards of cemeteries throughout Florida as well.

See reverse for schedule.



FISCAL YEAR 2017 – 2018 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 fully completed Agency Request Form
- A copy of your organization's current W-9
- A Letter of Determination from the IRS confirming your organization's federally tax exempt status
- A copy of your organization's 2015 or 2016 tax return
- A copy of your organization's most recent financial statements, with audit if applicable

Agency Name:

- St. Michael's Cemetery Foundation of Pensacola, Inc.

Agency Address:

- P.O. Box 13602
Pensacola, FL 32591

Program Name:

- Maintenance and Conservation of Mt. Zion Cemetery

Program Contact:

- Catherine Eddins

Contact Email:

- Meddins@uwf.edu

Contact Phone:

- 850-857-6321

25-Word Description of Program:

- St. Michael's Cemetery Foundation of Pensacola, Inc. will serve as the umbrella agency for any County funding in support of Mt. Zion Cemetery (on Cross Street at Guillemard Street). The UWF Historic Trust will provide flow through and over sight of County Funds. This request is independent of the SMCF request for Outside Funding for Historic SMC.

Amount Requested:

- 14000.00



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

Amount Received Last Year, if applicable:

- N/A

Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

- N/A

Briefly discuss how the funding you are currently requesting will be used.

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- The money will be used for landscape maintenance.

Explain how you are the best partnering agency for your program.

- St. Michael's Cemetery Foundation of Pensacola, Inc. will serve as the umbrella agency for any County funding in support of Mt. Zion Cemetery. The UWF Historic Trust will provide flow through and over sight of County Funds. The Foundation brings the same professional team to assist with these cemeteries that we bring to St. Michael's Cemetery. We will apply the same standards for Mt. Zion Cemetery that we apply for St. Michael's Cemetery.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

- The St. Michael's Cemetery Foundation Inc. is willing to provide an umbrella for any Escambia County funding applied to Mt. Zion Cemetery. The UWF Historic Trust will provide flow through and oversight of any funding. The UWF Archaeology Institute will oversee and approve any work done on the site, with County money. 100% County money will be applied to direct maintenance needs.

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:

- No.

Provide "Specific and Measurable" metrics in the following three sections:

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County by "X"%"

- 1. Landscape maintenance

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."

- Monthly landscape maintenance will encourage visitation and promote awareness and enhance the neighborhood.

St. Michael's Cemetery Foundation of Pensacola Inc.

501c3 Umbrella for

Mt. Zion Cemetery

Fiscal Year 2017-2018, Outside Agency Funding

Additional Information

What benefit will Escambia County tax payers receive from your services?

The historic cemetery site will be maintained, and the surrounding neighborhood will be enhanced. Maintaining this site on a regular basis will also discourage illegal activities that often occur on overgrown and seemingly abandoned properties. Encompassing 2.5312 acres this green space located on the edge of District 6. With regular Mt. Zion Cemetery will be an inviting community asset that contributes to a "sense of place" for residents and visitors alike. This cemetery will no longer be a blight in the neighborhood.

Provide a detail of the desired outcomes over the next 12 months.

St. Michael's Cemetery Foundation of Pensacola Inc. in partnership with the Archaeology Institute and UWF Historic Trust are willing to oversee any funding that the County chooses to apply to Mt. Zion Cemetery. However the owners of record should contribute significantly to the upkeep of this site. In order to maintain Mt. Zion Cemetery there needs to be a strong partnership with Keep Pensacola Beautiful. We will continue to utilize volunteers and pull resources to eliminate the vast overgrown vegetation.

Provide necessary statistics with trends on Historic Site Travel and Tourism.

Our historic cemeteries are outdoor museums. Visit Pensacola reports that in March 2017 34% of our tourists visited museums. The visitor profile indicated that Millennials and Boomers made up the majority of tourist visitors. The Boomer group, generally retired, is looking for travel experiences that connect them with the past. Between the Boomers and Millennials we see a trend of tourists interested in historic sites, especially cemeteries as there is a particular interest in genealogy within these groups. Historic cemeteries offer experiences unique within the heritage tourism venue. At Mt. Auburn Cemetery, outside of Boston, officials report that their cemetery is leading the way in drawing tourist with a variety of events organized to appeal to a wide range of interest. Locally, St. Michael's Cemetery Foundation and the UWF Archaeology Institute provide/promote such activities as birding outings, pleinair painting groups, offer organized tours, and provide a speakers bureau.

List successes and impact to the TDT.

Ten large voids in the earth, caused by removal of vaults, and numerous smaller voids have been filled to prevent public hazards.

Whether well maintained, neglected, or abandoned, Mt. Zion Cemetery will be a constant presence on the landscape into the foreseeable future.

By stabilizing and enhancing this historic site, it can be added to the list of heritage tourism destination sites promoted to attract tourists.

Provide current pictures of what will be maintained.









FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- St. Michael's Cemetery Foundation and the UWF Archaeology Institute have provided maintenance support and over site. Volunteer efforts have resulted in partial clearing of the site, however it remains a community eyesore-volunteer efforts are not sufficient for maintenance of this site, and professional landscape service is needed.

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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources	0	0	0
Programmatic Income	0	0	0
County Funding	0	0	14,000.00
City Funding	0	0	0
State Funding	0	0	0
Federal Funding	0	0	0
Memberships	0	0	0
Investment Income	0	0	0
Other Income	0	0	0
Total Income	0	0	14,000.00



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	0	0	0
Salaries and Wages	0	0	0
Employee Benefits	0	0	0
Professional Services	0	0	0
Contractual Services	0	0	0
Travel Expenses	0	0	0
Rentals and Leases	0	0	0
Communication	0	0	0
Postage and Freight	0	0	0
Repair and Maintenance	0	0	14,000.00
Printing and Binding	0	0	0
Marketing and Promotion	0	0	0
Fuel	0	0	0
Supplies	0	0	0
Event Expenses	0	0	0
Other Expenses	0	0	0
Capitalizable Assets/ Equipment	0	0	0
Total Expenses	0	0	14,000.00
Net Income/Revenue minus Expense	0	0	0

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- Note: 100% of County Funds will go to direct landscape maintenance.

Please explain any request listed in the “Other Expenses” line item.

- N/A

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. St. Michael's Cemetery of Pensacola, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ non-profit	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) P. O. Box 13602	Requester's name and address (optional)
	6 City, state, and ZIP code Pensacola, FL 32591	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
5	9	-	3	6	4	1	8	7	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/11

85-8012636360C-8	07/26/2013	07/31/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SAINT MICHAELS CEMETERY FOUNDATION OF
PENSACOLA INC
6 S ALCANIZ ST
PENSACOLA FL 32502-0000

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1876

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning 2016, and ending 2016

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2016**

Name of exempt organization

**St. Michael's Cemetery Foundation
of Pensacola, Inc.**

Employer identification number

****-***1870**

Name and title of officer

**Matt Newcomer
Treasurer****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	29,764
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **Lambert Lanza, CPAs, P.A.** to enter my PIN **41870** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **04/03/17****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Patrick G. LanzaDate ▶ **04/03/17****CLIENT'S COPY**
ERO Must Retain This Form — See Instructions**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Lambert Lanza, CPAs, P.A.**Certified Public Accountants****Pensacola, Florida**Form **8879-EO** (2016)

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2016 calendar year, or tax year beginning

, and ending

B Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization**St. Michael's Cemetery Foundation
of Pensacola, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 13602

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Pensacola**FL 32591****D** Employer identification number****-***1870****E** Telephone number**850-266-9179****F** Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **WWW.STMICHAELSCEMETERY.ORG****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **29,764****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19,620
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,186
	5a	Gross amount from sale of assets other than inventory	5a	2,958
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,958
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	29,764	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,177
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	788
	16	Other expenses (describe in Schedule O)	16	14,922
	17	Total expenses. Add lines 10 through 16	17	18,887
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,877
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	292,856
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	7,991
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	311,724

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	18,770	22	12,766
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	274,086	24	298,958
25 Total assets	292,856	25	311,724
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,856	27	311,724

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

X

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	The maintenance and restoration of St. Michael's Cemetery in Pensacola, FL.		
	(Grants \$) If this amount includes foreign grants, check here	28a	18,887
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	18,887

Part IV		List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)	F	02	10
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

頁

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Matt Newcomer Telephone no. ▶ 850-266-9179 125 West Romana Street, Suite 102 Located at ▶ Pensacola FL ZIP + 4 ▶ 32502		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____		X
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b		

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Matt Newcomer		Date Treasurer		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Patrick G. Lanza	Preparer's signature Patrick G. Lanza	Date 04/03/17	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name ▶ Lambert Lanza, CPAs, P.A.			Firm's EIN ▶ ** - ***9230	
	Firm's address ▶ 3700 Creighton Road, Suite 1 Pensacola, FL 32504			Phone no. 850-484-2900	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

**St. Michael's Cemetery Foundation
of Pensacola, Inc.**

Employer identification number

****-***1870****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,517	77,230	20,138	31,001	19,620	187,506
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	39,517	77,230	20,138	31,001	19,620	187,506
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						187,506

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	39,517	77,230	20,138	31,001	19,620	187,506
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,226	5,882	6,452	1,200	7,178	27,938
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,750					14,750
11 Total support. Add lines 7 through 10						230,194
12 Gross receipts from related activities, etc. (see instructions)					12	1,688
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 2016 (line 6, column (f) divided by line 11, column (f))	14	81.46 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.57 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income \$ 14,750

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2016**Open to Public
Inspection**Name of the organization **St. Michael's Cemetery Foundation
of Pensacola, Inc.**Employer identification number
****-***1870****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
-------------	--------

Expenses

Supplies \$ 448

Website maintenance \$ 225

Insurance \$ 1,235

Restoration project \$ 11,771

Telephone \$ 882

License & Permits \$ 61

Gate services \$ 300

Total \$ 14,922

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
-------------	--------

Unrealized Gain \$ 7,991

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
-------------	--------------	-------------

Market securities \$ 274,086 \$ 298,958

Total \$ 274,086 \$ 298,958

Form 990-EZ, Part III - Primary Exempt Purpose

To Maintain, restore, repair, beautify, and improve St. Michael's Cemetery in Pensacola, Florida, as a public cemetery, and to provide for the perpetual care in that cemetery.

Federal Statements

4/3/2017 8:13 PM

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
	Capital gain distributions				\$ 2,958	\$		2,958
Total					\$ 2,958	\$ 0	\$ 0	2,958

Federal StatementsSchedule A, Part II, Line 1(e)

Description	Amount
Donations - general public	\$ 19,620
Total	\$ 19,620

Schedule A, Part II, Line 8(e)

Description	Amount
Securities dividends	\$ 7,178
Total	\$ 7,178

Schedule A, Part II, Line 12 - Current year

Description	Amount
Bank interest	\$. 8
Total	\$. 8



St. Michael's Cemetery Foundation of Pensacola, Inc.

Post Office Box 13602 ♦ Pensacola, Florida 32591 ♦ Phone 850.436.4643

Statement of Activities

January through December 2016

Revenue

Contributions, gifts, grants	\$ 19,620
Investment Income	7,186
Sale of assets other than inventory	2,958

Total Revenue \$ 29,764

Expenses

Professional Fees	\$ 3,177
Postage, Printing	788
Supplies	448
Website Maintenance	225
Insurance	1,235
Restoration Project	11,771
Telephone	882
License and Permits	61
Gate Services	300

Total Expenses \$ 18,887

Total Income \$ 10,877



St. Michael's Cemetery Foundation of Pensacola, Inc.

Post Office Box 13602 ♦ Pensacola, Florida 32591 ♦ Phone 850.436.4643

Statement of Financial Position

As of May 3, 2017

Assets

Current Assets

Cash	\$	5,733
Brokerage Account		288,244
Total Current Assets		<hr/>
	\$	293,977

Non-Current Assets

Equipment	\$	1,500
Total Non-Current Assets		<hr/>
	\$	1,500

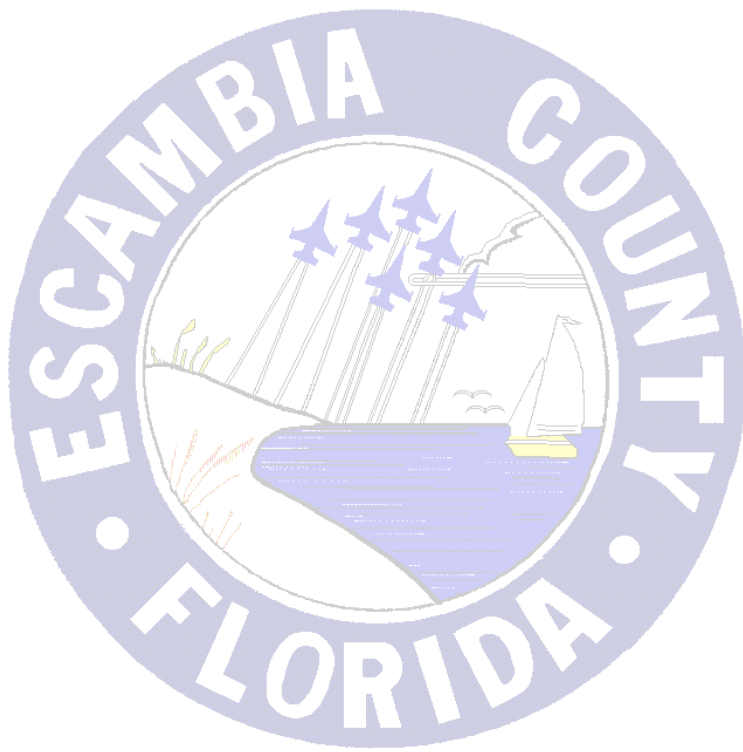
Total Assets	\$	<u>295,477</u>
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Liabilities and Net Assets

Current Liabilities

Accounts Payable	\$	2,767
Total Liabilities		<hr/>
	\$	<u>2,767</u>

Net Worth	\$	<u>292,710</u>
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FISCAL YEAR 2017 – 2018 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 fully completed Agency Request Form
- A copy of your organization's current W-9
- A Letter of Determination from the IRS confirming your organization's federally tax exempt status
- A copy of your organization's 2015 or 2016 tax return
- A copy of your organization's most recent financial statements, with audit if applicable

Agency Name:

- St. Michael's Cemetery Foundation of Pensacola, Inc.

Agency Address:

- P.O. Box 13602
Pensacola, FL 32591

Program Name:

- Maintenance and Conservation of AME Zion Cemetery and Magnolia Cemetery

Program Contact:

- Catherine Eddins

Contact Email:

- Meddins@uwf.edu

Contact Phone:

- 850-857-6321

25-Word Description of Program:

- St. Michael's Cemetery Foundation of Pensacola, Inc. will serve as the umbrella agency for any County funding in support of AME Zion Cemetery and Magnolia Cemetery (on A Street at Brainard Street). The UWF Historic Trust will provide flow through and over sight of County Funds. This request is independent of the SMCF request for Outside Funding for Historic SMC.

Amount Requested:

- 25000.00



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

Amount Received Last Year, if applicable:

- N/A

Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

- N/A

Briefly discuss how the funding you are currently requesting will be used.

(Specific emphasis on "Programming" – What does your program do and why is it an asset to the County?)

- The money will be used for landscape maintenance and simple conservation needs.

Explain how you are the best partnering agency for your program.

- St. Michael's Cemetery Foundation of Pensacola, Inc. will serve as the umbrella agency for any County funding in support of AME Zion Cemetery and Magnolia Cemetery (on A Street at Brainard Street). The UWF Historic Trust will provide flow through and over sight of County Funds. The Foundation brings the same professional team to assist with these cemeteries that we bring to St. Michael's Cemetery. We have been providing our assistance for these cemeteries, and we apply the same standards for AME Zion Cemetery and Magnolia Cemetery that we apply for St. Michael's Cemetery.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

- The upkeep of a historic cemetery is expensive and nonstop, but AME Zion Cemetery and Magnolia Cemetery are important assets that need to be maintained to preserve Escambia County history and heritage. AME Zion Cemetery and Magnolia Cemetery are outdoor museums that chronicle our post Civil War, African American population. It is important to preserve these two sites as information within the cemetery is crucial to understanding the contributions of a people who are often under-documented in the historic record. The St. Michael's Cemetery Foundation Inc. is pleased to offer assistance in preserving these two sites.

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:

- No.

Provide "Specific and Measurable" metrics in the following three sections:

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County by "X"%"

- Maintaining two historic cemetery sites, reflecting almost 130 years of Pensacola African American History, promote heritage tourism, and public education at this outdoor museum and inviting green space.

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."



FISCAL YEAR 2017 – 2018 ESCAMBIA COUNTY AGENCY REQUEST FORM

- Monthly landscape maintenance will encourage visitation and promote awareness and enhance the neighborhood.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- St. Michael's Cemetery Foundation and the UWF Archaeology Institute provide support and oversight. Over the past several years the cemetery has progressed from an overgrown public hazard to an inviting green space that serves as a connector between the Belmont DeVillers Historic District and the North Hill Historic Neighborhood. While the number of visitors can not be quantified, it is evident that people visit on a regular basis and enjoy the benches that the North Hill Preservation Association installed to invite visitation.

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 FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Contributions/Donations from Private Sources	0	2,000.00	2,000.00
Programmatic Income	0	0	0
County Funding	0	0	25,000.00
City Funding	20,500.00	0	0
State Funding	0	0	0
Federal Funding	0	0	0
Memberships	0	0	0
Investment Income	0	0	0
Other Income	0	0	0
Total Income	20,500.00	2,000.00	27,000.00



**FISCAL YEAR 2017 – 2018
ESCAMBIA COUNTY
AGENCY REQUEST FORM**

Expenses

	Most Recently Completed Budget Year FY 15/16	Current Budget Year FY 16/17	Proposed Budget Year FY 17/18
Total Staffing	0	0	0
Salaries and Wages	0	0	0
Employee Benefits	0	0	0
Professional Services	0	0	0
Contractual Services	0	0	0
Travel Expenses	0	0	0
Rentals and Leases	0	0	0
Communication	0	0	0
Postage and Freight	0	0	0
Repair and Maintenance	35,500.00	2,000.00	27,000.00
Printing and Binding	0	0	0
Marketing and Promotion	0	0	0
Fuel	0	0	0
Supplies	0	0	0
Event Expenses	0	0	0
Other Expenses	0	0	0
Capitalizable Assets/ Equipment	0	0	0
Total Expenses	35,500.00	2,000.00	27,000.00
Net Income/Revenue minus Expense	0	0	0

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

- Note: The UWF Archaeology Institute provides a large in-kind contribution, via staff and hands on conservation (to date approximately 300 historic markers have received conservation treatment). 100% of County Funds will go to direct landscape maintenance. The AME Zion Conference has committed to contributing \$2,000 annually.

Please explain any request listed in the “Other Expenses” line item.

- N/A

St. Michael's Cemetery Foundation of Pensacola Inc.

501c3 Umbrella for

AME Zion Cemetery and Magnolia Cemetery

Fiscal Year 2017-2018, Outside Agency Funding

Additional Information

What benefit will Escambia County tax payers receive from your services?

The Escambia County tax payers will receive an outdoor museum chronicling the rich and diverse history of the community open to the public 365 days a year. 4.14 acre green space located beside the North Hill Preservation District and the Belmont-Devillers Neighborhood. AME Zion Cemetery and Magnolia Cemetery will be inviting community assets that contribute to a "sense of place" for residents and visitors alike. These two cemeteries are moving toward no longer a blight in the neighborhood.

Provide a detail of the desired outcomes over the next 12 months.

Continual landscape maintenance

Continual work on markers with raising/leveling/cleaning/recording

Installation of interpretative signage.

Establishment of a stewardship group to guide efforts at AME Zion and Magnolia Cemeteries.

*The St. Michael's Cemetery Foundation has submitted a letter of intent to apply for an Impact 100 grant for AME Zion and Magnolia Cemeteries that will support conservation of damaged historic markers.

Provide necessary statistics with trends on Historic Site Travel and Tourism.

Our historic cemeteries are outdoor museums. Visit Pensacola reports that in March 2017 34% of our tourists visited museums. The visitor profile indicated that Millennials and Boomers made up the majority of tourist visitors. The Boomer group, generally retired, is looking for travel experiences that connect them with the past. Between the Boomers and Millennials we see a trend of tourists interested in historic sites, especially cemeteries as there is a particular interest in genealogy within these groups. Historic cemeteries offer experiences unique within the heritage tourism venue. At Mt. Auburn Cemetery, outside of Boston, officials report that their cemetery is leading the way in drawing tourist with a variety of events organized to appeal to a wide range of interest. Locally, St. Michael's Cemetery Foundation and the UWF Archaeology Institute provide/promote such activities as birding outings, pleinair painting groups, offer organized tours, and provide a speakers bureau.

List successes and impact to the TDT.

Since the Archaeology Institute and St. Michael's Cemetery Foundation involvement these two cemetery have seen significantly higher visitation by neighbors, tourist and loved ones. (Florida Humanities Council focused on these cemeteries as a component of their gathering tourism group – people from all around the country.

These cemeteries were a part of the focus of By These Hands public project to draw attention to African-American history and heritage. People who attended this project were regional tourist as well as representatives of the National Parks Service (Washington D.C.).

North Hill Preservation Association has received a grant for three benches that were installed in both cemeteries.

Over 500 markers have been raised/leveled/cleaned/recorded in both cemeteries, all in-kind services by the Archaeology Institute.

Grave sites have been properly repaired when designated public hazards. A preliminary tree trimming program has been instigated to preserve the heritage trees as well as protect the public from a potential hazard. The UWF Archaeology Institute monitors the site and reports any public hazard to the appropriate city/county agency.

Whether well maintained, neglected, or abandoned, AME Zion and Magnolia Cemetery will be a constant presence on the landscape into the foreseeable future.

By stabilizing and enhancing these two historic sites, the city and county gain the use of important assets in telling Pensacola's story rather than dealing with blight and public hazards.

The Alabama-Florida Episcopal District of the African Methodist Episcopal Zion Church contributes \$2 thousand dollars a year.

Provide current pictures of what will be maintained.

Magnolia Cemetery, Pensacola, FL

NAME ON MARKER: Edward Malone
TYPE OF MARKER: Veteran's upright headstone
DEATH DATE: April 24, 1936
INSCRIPTION: Carved
CONDITION OF INSCRIPTION: Legible
MATERIAL: Marble
LOCATION:

Marker Site FG#: SE 901919
UWF Project Code: 14A
Conservator: Catherine Eddins
Date: November 21, 2013

EXISTING CONDITONS

1. Tilted
2. Sunkken
3. Soiled
4. Chipped

TREATMENT

1. Marker excavated. Marker is sound.
2. Marker re-set plumb at appropriate height and level onto gravel bed.
3. Soiling removed by nylon brush.
4. Disturbed area re-graded with existing topsoil.
5. Marker cleaned with D2 and water.

Equipment

1. Shovel
2. Tamp bar
3. D2 cleaning solution
4. Nylon brush
5. Water

NOTES

The front right corner of this marker has broken off.













Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. St. Michael's Cemetery of Pensacola, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ non-profit	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) P. O. Box 13602	Requester's name and address (optional)
6 City, state, and ZIP code Pensacola, FL 32591	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
5	9		-	3	6	4	1	8	7 0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/11

85-8012636360C-8	07/26/2013	07/31/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SAINT MICHAELS CEMETERY FOUNDATION OF
PENSACOLA INC
6 S ALCANIZ ST
PENSACOLA FL 32502-0000

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1876

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning 2016, and ending 2016

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2016**

Name of exempt organization

**St. Michael's Cemetery Foundation
of Pensacola, Inc.**

Employer identification number

****-***1870**

Name and title of officer

**Matt Newcomer
Treasurer****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	29,764
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **Lambert Lanza, CPAs, P.A.** to enter my PIN **41870** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **04/03/17****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Patrick G. LanzaDate ▶ **04/03/17****CLIENT'S COPY**
ERO Must Retain This Form — See Instructions**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Lambert Lanza, CPAs, P.A.**Certified Public Accountants****Pensacola, Florida**Form **8879-EO** (2016)

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , and ending															
B Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">C Name of organization St. Michael's Cemetery Foundation of Pensacola, Inc.</td> <td style="width:35%;">D Employer identification number **-***1870</td> </tr> <tr> <td>Address change</td> <td></td> </tr> <tr> <td>Name change</td> <td></td> </tr> <tr> <td>Initial return</td> <td></td> </tr> <tr> <td>Final return/terminated</td> <td></td> </tr> <tr> <td>Amended return</td> <td></td> </tr> <tr> <td>Application pending</td> <td></td> </tr> </table>	C Name of organization St. Michael's Cemetery Foundation of Pensacola, Inc.	D Employer identification number **-***1870	Address change		Name change		Initial return		Final return/terminated		Amended return		Application pending	
C Name of organization St. Michael's Cemetery Foundation of Pensacola, Inc.	D Employer identification number **-***1870														
Address change															
Name change															
Initial return															
Final return/terminated															
Amended return															
Application pending															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">Number and street (or P.O. box, if mail is not delivered to street address) P.O. Box 13602</td> <td style="width:35%;">Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Pensacola FL 32591</td> </tr> </table>		Number and street (or P.O. box, if mail is not delivered to street address) P.O. Box 13602	Room/suite	City or town, state or province, country, and ZIP or foreign postal code Pensacola FL 32591											
Number and street (or P.O. box, if mail is not delivered to street address) P.O. Box 13602	Room/suite														
City or town, state or province, country, and ZIP or foreign postal code Pensacola FL 32591															
E Telephone number 850-266-9179															
F Group Exemption Number															
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶															
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).															
I Website: ▶ WWW.STMICHAELSCEMETERY.ORG															
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527															
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other															
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 29,764															

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19,620
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,186
	5a	Gross amount from sale of assets other than inventory	5a	2,958
	b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,958
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	29,764
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,177
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	788
	16	Other expenses (describe in Schedule O)	16	14,922
	17	Total expenses. Add lines 10 through 16 ▶	17	18,887
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,877
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	292,856	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	7,991	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	311,724	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	18,770	22	12,766
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	274,086	24	298,958
25 Total assets	292,856	25	311,724
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,856	27	311,724

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
-----------------	---

Check if the organization used Schedule O to respond to any question in this Part III

X

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	The maintenance and restoration of St. Michael's Cemetery in Pensacola, FL.		
	(Grants \$) If this amount includes foreign grants, check here	28a	18,887
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	18,887

Part IV	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
---------	---

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Matt Newcomer Telephone no. ▶ 850-266-9179 125 West Romana Street, Suite 102 Located at ▶ Pensacola FL ZIP + 4 ▶ 32502		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	Yes	No
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b		

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Matt Newcomer

Date

Treasurer

Type or print name and title

Paid

Preparer
Use Only

Print/Type preparer's name Patrick G. Lanza	Preparer's signature Patrick G. Lanza	Date 04/03/17	Check <input type="checkbox"/> if self-employed	PTIN *****
Firm's name ▶ Lambert Lanza, CPAs, P.A.	Firm's EIN ▶ ** - ***9230			
Firm's address ▶ 3700 Creighton Road, Suite 1 Pensacola, FL 32504	Phone no. 850-484-2900			

May the IRS discuss this return with the preparer shown above? See instructions ▶

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

**St. Michael's Cemetery Foundation
of Pensacola, Inc.**

Employer identification number

****-***1870****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,517	77,230	20,138	31,001	19,620	187,506
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	39,517	77,230	20,138	31,001	19,620	187,506
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						187,506

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	39,517	77,230	20,138	31,001	19,620	187,506
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,226	5,882	6,452	1,200	7,178	27,938
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,750					14,750
11 Total support. Add lines 7 through 10						230,194
12 Gross receipts from related activities, etc. (see instructions)					12	1,688
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 2016 (line 6, column (f) divided by line 11, column (f))	14	81.46 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.57 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income	\$	14,750
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**Name of the organization **St. Michael's Cemetery Foundation
of Pensacola, Inc.**Employer identification number
****-***1870****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
-------------	--------

Expenses

Supplies \$ 448

Website maintenance \$ 225

Insurance \$ 1,235

Restoration project \$ 11,771

Telephone \$ 882

License & Permits \$ 61

Gate services \$ 300

Total \$ 14,922

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
-------------	--------

Unrealized Gain \$ 7,991

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
-------------	--------------	-------------

Market securities \$ 274,086 \$ 298,958

Total \$ 274,086 \$ 298,958

Form 990-EZ, Part III - Primary Exempt Purpose

To Maintain, restore, repair, beautify, and improve St. Michael's Cemetery in Pensacola, Florida, as a public cemetery, and to provide for the perpetual care in that cemetery.

Federal Statements

4/3/2017 8:13 PM

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
	Capital gain distributions				\$ 2,958	\$		2,958
Total					\$ 2,958	\$ 0	\$ 0	2,958

Federal StatementsSchedule A, Part II, Line 1(e)

Description	Amount
Donations - general public	\$ 19,620
Total	\$ 19,620

Schedule A, Part II, Line 8(e)

Description	Amount
Securities dividends	\$ 7,178
Total	\$ 7,178

Schedule A, Part II, Line 12 - Current year

Description	Amount
Bank interest	\$. 8
Total	\$. 8



St. Michael's Cemetery Foundation of Pensacola, Inc.

Post Office Box 13602 ♦ Pensacola, Florida 32591 ♦ Phone 850.436.4643

Statement of Activities

January through December 2016

Revenue

Contributions, gifts, grants	\$ 19,620
Investment Income	7,186
Sale of assets other than inventory	2,958

Total Revenue \$ 29,764

Expenses

Professional Fees	\$ 3,177
Postage, Printing	788
Supplies	448
Website Maintenance	225
Insurance	1,235
Restoration Project	11,771
Telephone	882
License and Permits	61
Gate Services	300

Total Expenses \$ 18,887

Total Income \$ 10,877



St. Michael's Cemetery Foundation of Pensacola, Inc.

Post Office Box 13602 ♦ Pensacola, Florida 32591 ♦ Phone 850.436.4643

Statement of Financial Position

As of May 3, 2017

Assets

Current Assets

Cash	\$	5,733
Brokerage Account		288,244
Total Current Assets		<hr/>
	\$	293,977

Non-Current Assets

Equipment	\$	1,500
Total Non-Current Assets		<hr/>
	\$	1,500

Total Assets	\$	<u>295,477</u>
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Liabilities and Net Assets

Current Liabilities

Accounts Payable	\$	2,767
Total Liabilities		<hr/>
	\$	<u>2,767</u>

Net Worth	\$	<u>292,710</u>
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