



**Escambia County**

**FY 2023/2024**

**Community Partner Requests**

**FY 2023-2034  
COMMUNITY PARTNER**

<b>Tab #</b>	<b>Organization</b>	<b>Request Amount</b>
1	American Heritage Society	\$ 60,000.00
2	Center for Independent Living	\$ 60,000.00
3	Council on Aging	\$ 45,000.00
4	E Comfort	\$ 35,000.00
5	Escambia Community Clinics	\$ 414,750.00
6	Gulf Coast Minority Chamber of Commerce	\$ 75,000.00
7	Gulf Coast Veterans Advocacy Council	\$ 30,000.00
8	Health and Hope Clinic	\$ 30,000.00
9	Keep Pensacola Beautiful	\$ 125,000.00
10	Naval Aviation Museum - Flight Academy	\$ 100,000.00
11	Pensacola Area Chamber Foundation	\$ 96,000.00
12	Pensacola Beach Chamber of Commerce	\$ 85,000.00
13	Pensacola Caring Hearts	\$ 42,000.00
14	Pensacola-Escambia Development Commission	\$ 600,000.00
15	Pensacola Mardi Gras	\$ 250,000.00
16	Santa Rosa Island Authority - Trolley Service	\$ 250,000.00
17	Visit Pensacola	\$ 13,000,000.00
18	United Way - 211	\$ 40,000.00
19	West Florida Historic Preserve	\$ 250,000.00
20	Wildlife Sanctuary	\$ 43,250.00

Prepared By: The Office of Management and Budget

**1**

**African American Heritage Society**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: African American Heritage Society, Inc.

Agency Address: 200 Church Street, Pensacola, FL 32502

Mailing Address: P.O. Box 13462, Pensacola, FL 32591

Program Name for which funding is being requested: African American Heritage Society Cultural Tourism, Programs and Events for Season 2023-2024.

Amount Requested: \$ 60,000

Program Contact: Dr. Cheryl Howard, CEO Office No. (850) 469-1456

Contact Email: [aahspensacola@gmail.com](mailto:aahspensacola@gmail.com) Alternate Contact Phone: (850) 292-5622

25-Word Description of Program: Cultural Tourism Program incorporating programs, events, presentations, festivals, and exhibits designed to enhance the African American cultural tourism landscape of Pensacola and the Northwest Florida Region.

How many years has your organization been providing services in the County? 33.

How many years has your organization received funding from the County? Approx. 12 years.

Explain how receiving funds from the County would have a significant impact on your organization: This funding enables us to operate (maintain via the payment of utilities and other expenses associated with operating this nonprofit tourism center) the African American Heritage Center and Museum in Historic Pensacola Village which is a vital part of the cultural tourism landscape of Pensacola; The Return to the County on this investment is that for those great many tourists who want to immerse themselves with a culturally diverse experience that incorporate Cultural Tourism events, activities, education, and related cultural enrichment have a place to visit that does not focus on simply one aspect of Pensacola's AA Culture, but many aspects.

## **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable:     \$60,000    

Briefly discuss how last year's funds were used? Last year the funds were used to maintain the Muesum and offices now that we have returned to increased hours since the pandemic, although we still maintain Virtual and social media outreach with tourists and the local community. Additionally, we have provided many in-person programs and events this season. We are pleased to again receive regular guests to view several of our exhibits, which have grown due to the acquisition (by donation) of additional historical artifacts. Many tourists are arriving as part of tour groups and on those occasions we provide a guided tour and speaker's program. In addition to out of town tourists, we also welcome local school groups and families who are seeking learn more about the history of Pensacola and to also educate the community on the often untaught American History that includes Americans of African descent. In order to provide these services, we paid staff, maintained our facility, continued with our resources to provide virtual programming, all of which add to the cost of utilities which have increased along with related necessary expenses.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?

The County's ROI is tremendous. Many tourists visit Escambia County because of its rich diverse history, which is true of many cities and counties in the Southern United States. However, not all such cities and counties have an African American Cultural Center such as ours with decades of experience and programming available to tourists and local citizens. We understand the value of Collaborations and Partnerships with the City, County, Visit Pensacola, local businesses, PSC, UWF, UWH Historic Trust and other non-profit agencies and organizations. To that end, we embrace the power of collective cooperation and provide each of our tourists (in-person and virtual) with our African American Heritage Trail Guide and encourage them to walk and later drive all around downtown to dine and shop. We then include information regarding Downtown attractions, shopping and dining. We also encourage tourists to visit Belmont Devilliers, East Hill, North Hill, NAS, Pensacola Beach, Fort Pickens and other local places to promote tourism in those areas also. If we are able to maintain funding, we will seek to solidify greater partnerships and collaborations. We believe that by connecting tourists with other businesses in the city and county it increases the tourism dollars collectively, thereby cultivating a network of local and area economic empowerment, which benefits all segments of the community ultimately, thereby decreasing the burden on the budgets of local government.

We also serve the citizens of Escambia County, who have reported that our programs, events, and current exhibit have and continue to enrich their lives tremendously. They are growing as individuals and collectively as a community. We continue to welcome dozens of in-person visitors to our current exhibit and hundreds of would-be in-person tourists who are attending and viewing our programs and events virtually before planning their trips to Pensacola. We have met many virtually first and later have had them introduce themselves when they visit Pensacola at a later date.

## **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? We are driving cultural tourism to

Pensacola by virtue of our contact annually with past tourists who have visited and attended our Museum and programs, inviting them to return the next year and giving them advance notice of programs and events. We now have two locations that require coverage due to our traveling history exhibits location at various sites such as Voices of Pensacola, Artel and the Studer Community Institute. The past funding is needed and appreciated, however it does not adequate to meet the needs of the additional essential staff and resources which support the programs and events.

The African American Heritage Society, Inc. is an asset to the County for many reasons. Firstly, our organization is the most senior African American Cultural Tourism vehicle in the Northwest Florida Region and is a significant driver of Cultural Tourism to the Northwest Florida Region and particularly to Escambia County. We believe that the Exhibit we have curated along with the Programs and Events that we present are currently and will continue to be of major interest to Tourists from other cities, states and countries, who have told us directly that they want a full experience when they visit a city, complete with the recognition of the diverse history, culture, and information on the persons who contributed to the areas landscape. We know that tourists look for us because our website and google metrics give us that information, which supports what the tourists are telling us directly. We have had local Pensacola residents come to our exhibit this fiscal year because they were told to do so by friends and relatives in New York, Philadelphia, and other places. When we ask, how did those out of towners know? We are told that our exhibits and programs are trending on social media sites before, during and after we present them. Already this year since re-opening the Gallery, we have had dozens of tourists from other states and countries who “stopped” in Pensacola to see our Cultural offerings as part of a larger Cultural Museums Tour, and while in Pensacola, stayed in a hotel, dined and spent money with local businesses.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: No, not directly.

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**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:

There are no other organizations nor agencies exactly like our organization in Pensacola and Northwest Florida. However, we have partnered with the University of West Florida’s Diversity and Inclusion Department, the UWF Historic Trust, Pensacola State College Multicultural Division with co-sponsored Juneteenth program since before it became a Federal Holiday. We have also partnered with community organizations such as the Studer Community Institute with programming and we have lent our support to the Mess Hall and the Pensacola Jazz Society when they have sought grants for their programming. We have also assisted the Chappie James museum by taking our tour groups to their museum when our tour is complete and to combine our efforts where possible. We would be pleased to coordinate with all similar organizations to

improve our reach for providing multifaceted programming year round to ensure Cultural Tourism all year.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program.

We have been providing services in this field for more than thirty (30) years now and have the contacts, network, subject matter expertise and support of the community to provide the services that we provide. The African American Heritage Center and Museum in Historic Pensacola Village is a vital part of the cultural tourism landscape of Pensacola; ***The Return to the County on this investment*** is that for those great many tourists who want to immerse themselves with a diverse experience that incorporate Cultural Tourism, they have a place to visit in person and virtually, in preparation for visiting once conditions allow. We have many non-African American tourists from other States and Countries who are intentionally visiting African American Museums and Centers like ours seeking both a vacation and cross-cultural learning opportunity at the same time. Over the years, many other non-profits and “cultural organizations” have been formed. None of those that were started within our first 25 years are still in existence. Time will tell as to the newer such initiatives that have begun in the past few years. We make this work look easy, but it is NOT. We have proven longevity and a reputation for quality programming which is why most of our events are “sold out.”

**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs:   60  %
- Percentage for direct programming costs:   40  %

If Escambia County funding can only fund a portion of your request, how will you offset the difference? We will seek sponsorships, more memberships, increased board contributions, and attempt to do more fundraising which is difficult to do with limited staff.

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

  N/A

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.

No, regrettably we have been advised that as recipients under the Tourist Development Council, we are not eligible for other local funding such as the Visit Pensacola funding, nor City funding sources.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Attracting out of town tourists to the African American Heritage Society Center Programs, Events, and local historic sites included on our Heritage Trail Guide and other local venues to increase Awareness and Appreciation for Pensacola/Escambia County and NW Florida's rich and diverse physical landscape and history.	1066	More than 2,000	TBD	95% Increase including virtual attendance and organic and direct website searches from FY21 to FY22.
2. Partnership with US Governmental organization to share unknown history of Pensacola during an era that we "thought" we knew all about, but did not know or understand the extent to which Pensacola contributed to the history of that era. Our nearly year-long project is almost completed which will yield new historical sites for our Heritage Guide, additional artifacts to be viewed by visitors and an audiovisual product.	Not yet in effect		We anticipate that at least 2,500 tourists or more will visit Pensacola to explore this project.	%

3. Recognition of recognized cultural holidays such as MLK Day programs and Events, Emancipation Day and Juneteenth Events which attract many tourists.	Canceled due to Covid.	Cancel ed due to Covid	Approx 700 Attendees	100%
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2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Our primary goal is to significantly increase Cultural Tourism in the Northwest Florida Region and especially to Escambia County. We believe that the Exhibits that we have curated and the Programs that we present are currently and will continue to a major driver in this regard and of interest to Tourists from other cities, states and countries, who have told us directly that they want a full experience when they visit a city, complete with the recognition of the diverse history, culture, and persons that contribute to the city's landscape. We know that tourists look for us because our website and google metrics give us that information, which supports what the tourists are telling us directly. We have had local Pensacola residents come to our exhibit because they were told to do so by friends and relatives in New York, Philadelphia, and other places. When we ask, how did those out of towners know? We are told that our exhibits and programs are trending on social media sites before, during and after we present them.	33%
2. . We would like to continue to collaborate and partner with local governmental bodies, such as the County and City of Pensacola, Visit Pensacola, University of West Florida, UWF Historic Trust, Pensacola State College, community groups and when appropriate other non-profits and entities that may assist with augmenting our Cultural Tourism goals, supplementing our 4 <sup>th</sup> edition of our African American Heritage Trail Guide, as well as our other African American Heritage Society mission centered objectives, to the extent possible.	33%
3. We would like to continue to bring an array of artists, scholars and historians to the Pensacola community to contribute to entertaining, educating, and celebrating diversity and the varied African Diaspora of Arts and Culture. Through quality programming, the AAHS has offered retrospective exhibits in the visual arts and humanities, performing arts programs, films and educational lectures, and exhibits, all highlighting a broad spectrum of the African Americans' unique and creative contributions to Pensacola and American life, both at our facility and in the community via summer heritage scholar's programs for children in underserved communities. If we are awarded this grant we will continue in this regard.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
<p>1. Regarding Cultural Tourism: Pre-Covid we welcomed more than a thousand of out of town and international tourists. Since Covid, many of those same tourists and local community have continued to visit us virtually to view our current "More Complete American History which includes Americans of African Descent" Exhibit and our Schomburg exhibit.</p> <p>Post Covid we have provided services in-person, virtually, and via website and have observed that we are hosting large tour groups again, which had ceased during Covid. individuals.</p>	<p>We would like a 33% increase.</p>
<p>2. Collaborations and Partnerships/Afr. Amer. Heritage Trail Guide: We currently incorporate and encourage tourists to also take our Pensacola Heritage Trail Guide with them to use during their visit in the area. If we are able to attain additional funding and cement greater partnerships and collaborations, we would like to connect tourists with other businesses in the city and county to increase the tourism dollars collectively, thereby cultivating a network of local and area economic empowerment, which benefits all segments of the community ultimately. The current baseline has been the immediate downtown historic district area and to some extent Belmont Devilliers as that area was the outer limit of our African American Heritage Trail Guide. We would like to increase the network of partnerships listed in Question 2, Goal 2 above by 33% and to increase business network affiliations and combined Escambia County/Federal Government Historic Sites added to our Trail Guide listings over the next grant period.</p>	<p>We have added a Federal Government entity Collaborator for an anticipated 50 to 75% increase.</p>
<p>3. Programs, Events and Exhibits: We measure success by attendance, and the fact that 100% of guests usually remain throughout, along with positive comments and top numerical scoring is written on the participant's program exit survey, and for virtual programming on the online poll. We believe that programs, events, and exhibits are essential to support the additional components of our other offerings. We would like to see an increase in attendance numbers by 33% for virtual attendance, when offered, we are often at capacity for the in-person events and we will likely begin offering the same experience over several days to accommodate more tourists and community members without adding the expense of moving events to a larger space, particularly when it is a signature event that has always been held at our Gallery or at a partners location.</p>	<p>33%</p>

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. **Please round figures to the nearest whole dollar.**

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$ 1,011.00	\$ 3,034.42	\$ 5,000.00
Programmatic Income	\$ 1,240.00	TBD	\$ 5,000.00
County Funding/Direct Contribution	\$50,000.00	\$60,000.00	\$ 60,000.00
County Funding by Other Source (a)	0	0	
City Funding	0	0	
Local Non-Profit Funding	0	0	
State Funding	\$24,147.53	\$34,000.00	\$ 20,000.00
Federal Funding	0		
Memberships	\$ 1,620.00	\$ 1,235.00	\$ 1200.00
Investment Income	0	0	
Other Income (b)	\$ 368.37		
<b>Total Income</b>	<b>\$78,386.90</b>	<b>\$98,269.42</b>	<b>\$91,200.00</b>

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)

\_\_N/A\_\_\_\_\_

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_\_

\_\_Sale of books that we wrote and published.

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	3	3	4
Salaries and Wages	\$ 25,000.00	\$25,000.00	\$30,000.00
Employee Benefits	0	0	0
Professional Services	\$ 5,300.00	TBD	\$ 5,500.00
Contractual Services	\$39,173.33	\$40,000.00	\$40,000.00
Travel Expenses	0	0	0
Rentals and Leases	0	0	00
Communication	00	0	0
Postage and Freight	\$ 266.93	\$ 160.00	\$ 275.00
Repair and Maintenance	\$ 500.00	\$ 3,000.00	\$ 3,000.00
Printing and Binding	\$ 218.35	\$ 1,200.00	\$ 1,500.00
Marketing and Promotion	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Fuel			
Supplies	\$ 1,445.91	\$ 1,500.00	\$ ,500.00
Event Expenses	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Capitalizable Assets for County Funding (a)			
Other Expenses (b)			
<b>Total Expenses</b>	<b>\$74,904.52</b>	<b>\$73,860.00</b>	<b>\$84,775.00</b>
<b>Net Income - (Revenue minus Expense)</b>	<b>\$3,482.38</b>	<b>\$24,409.42</b>	<b>\$ 6,425.00</b>

(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. \_\_\_N/A

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

\_\_\_\_\_N/A\_\_\_\_\_

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Fiscal Year
2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. There are no discrepancies.
3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? Re-ordering of publications that are currently out of stock and other Gallery exhibit materials.
4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Cheryl Howard	Chief Executive Officer/Pres. and Fund Development Officer, and Membership Director, and Website Manager, and Communications (Newsletter and Publicity) Director, and Program Development Director, and Exhibit Curator,	\$32,500

		and Community and Business Liaison Facilitator, Program Presenter, Tourism Director, Grant Writer, and Head of Marketing.	
Deleesa Butler	Office Assistant		\$8,500

5. Please provide the total amount of cash and investments on hand.   0  

6. Does your organization charge fees for services? If so, provide a list of fees charged.

The organization has not on a routine basis, so there is no current standard chart or schedule of fees. However, we do offer services.

7. Does your organization require background checks from volunteers and staff? Yes, if they will have access to money or minor children. If the volunteer and/or staff is or was a public employee (i.e. school teacher) who has been background checked within the past twelve months and we are able to access the background check, we may be able to waive.

8.

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan?

  N/A

2. How many jobs were created this year over last year by zip code?

\_\_\_\_\_N/A\_\_\_\_\_

3. What is the net cost per job created? N/A



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>African American Heritage Society, Inc.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____      <b>501 (c) 3</b></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>200 Church Street</b></p> <p><b>6</b> City, state, and ZIP code <b>Pensacola, Florida 32502</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
or										
<b>Employer identification number</b>										
5	9		-	3	0	2	2	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 for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ <i>Howard</i></p>	<p>Date ▶ <i>April 3, 2023</i></p>
------------------	-------------------------------------------------	------------------------------------

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
401 N. PEACHTREE ST. NW  
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

Date: JAN 20 1995

AFRICAN AMERICAN HERITAGE SOCIETY  
INC  
400 S JEFFERSON STREET  
PENSACOLA, FL 32501-5902

Employer Identification Number:  
59-3022641  
Case Number:  
585004018  
Contact Person:  
ROBERTA VAN METER  
Contact Telephone Number:  
(404) 331-0185  
Our Letter Dated:  
July 30, 1991  
Addendum Applies:  
No

Dear Applicants:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

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

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

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

Sincerely yours,

*Nelson A. Brooke*

Nelson A. Brooke  
District Director

**Short Form**

**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** 10-01, 2021, and ending 09-30, 2022

<b>B</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	<b>C</b> Name of organization <b>AFRICAN AMERICAN HERITAGE SOCIETY INC</b>	<b>D</b> Employer identification number <b>59-3022641</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>200 CHURCH STREET</b>	<b>E</b> Telephone number <b>(850) 469-1456</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Pensacola, FL 32502</b>	<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ **AFRICANAMERICANHERITAGESOCIETY.ORG**

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

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **77,147**

**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 . . . . .	75,527	
	2	Program service revenue including government fees and contracts. . . . .		
	3	Membership dues and assessments . . . . .	1,620	
	4	Investment income . . . . .		
	5a	Gross amount from sale of assets other than inventory . . . . .		
	5b	Less: cost or other basis and sales expenses . . . . .		
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .		
	6	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	
		b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	
		6c	Less: direct expenses from gaming and fundraising events . . . . .	
6d		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .		
7a	a	Gross sales of inventory, less returns and allowances . . . . .		
	7b	Less: cost of goods sold . . . . .		
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .		
8	Other revenue (describe in Schedule O) . . . . .			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>77,147</b>		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .		
	11	Benefits paid to or for members . . . . .		
	12	Salaries, other compensation, and employee benefits . . . . .	39,173	
	13	Professional fees and other payments to independent contractors . . . . .	16,757	
	14	Occupancy, rent, utilities, and maintenance . . . . .	8,071	
	15	Printing, publications, postage, and shipping . . . . .	485	
	16	Other expenses (describe in Schedule O) . . . . .	12,476	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>76,962</b>		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	185	
	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) . . . . .	15,305	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>15,490</b>	

**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	16,305	22	16,790
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	16,305	25	16,790
26 Total liabilities (describe in Schedule O)	1,000	26	1,300
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,305	27	15,490

**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? PRESERVATION OF 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 <u>CURATED A "MORE COMPLETE AMERICAN HISTORY" EXHIBIT.</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 <u>PARTNERED WITH ALL OF THE OTHER LOCAL HISTORIC DISTRICT MUSEUMS FOR A "MULTI-MUSEUM EXTRAVAGANZA TOUR AND EVENT."</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,375
30 <u>MLK, JR. DAY PROGRAM AT THE GALLERY AS A HYBRID EVENT THAT WAS ALSO STREAMED ON FACEBOOK LIVE.</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	240
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	2,615

**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/1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHERYL J HOWARD PRESIDENT, CEO	60.00	39,173	0	0
ANGELA MCCORVEY VICE PRESIDENT	4.00	0	0	0
CHRISTOPHER HENDRICKS DIRECTOR	2.00	0	0	0
MARION WILLIAMS DIRECTOR	0.00	0	0	0
KEYA WIGGINS DIRECTOR	0.00	0	0	0
DAYLE HAWTHRONE, M.D. DIRECTOR	0.00	0	0	0
INTERNS INTERNS	2.00	3,135	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

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
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)?
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.
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
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 CHERYL J HOWARD Telephone no. 850-469-1456 Located at 200 CHURCH STREET, 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
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
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.
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.
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.
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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 Yes No 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 . . . . . 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . 48 X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a X
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains '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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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 . . . . . X 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: CHERYL J HOWARD, Date: CHERYL J HOWARD, PRESIDENT, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: Angelica Porras, CPA, Preparer's signature, Date: 04-05-2023, Check self-employed: X, PTIN: P01520781, Firm's name: SIGMA ACCOUNTING & CONSULTING, LLC, Firm's address: 6901 A N 9TH AVE 645 Pensacola FL 32504, Firm's EIN, Phone no.: 850-466-6462

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes X No

**SCHEDULE A  
(Form 990)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**AFRICAN AMERICAN HERITAGE SOCIETY INC**

Employer identification number

**59-3022641**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	48,172	49,337	69,850	64,312	77,147	308,818
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 <b>Total.</b> Add lines 1 through 3 . . . . .	48,172	49,337	69,850	64,312	77,147	308,818
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) . . . . .						49,442
6 <b>Public support.</b> Subtract line 5 from line 4.						259,376

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 . . . . .	48,172	49,337	69,850	64,312	77,147	308,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	48,172	49,337	69,850	64,312	77,147	308,818
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 <b>Total support.</b> Add lines 7 through 10						617,636
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	41.99 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on 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 <b>Part VI</b> .		
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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> By reason of the relationship described in line 2, above, 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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>2a</b>		
<b>b</b> Did the activities described on line 2a, above, 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>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>		
<b>b</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>	<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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)				Current Year
<b>Section D - Distributions</b>				
1	Amounts paid to supported organizations to accomplish exempt purposes			1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI			5
6	Other distributions (describe in Part VI). See instructions.			6
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			8
9	Distributable amount for 2021 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			10
<b>Section E - Distribution Allocations (see instructions)</b>				
		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 . . . . .			
b	From 2017 . . . . .			
c	From 2018 . . . . .			
d	From 2019 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization: AFRICAN AMERICAN HERITAGE SOCIETY INC Employer identification number: 59-3022641

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization Form 990-PF [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 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

- [X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>AFRICAN AMERICAN HERITAGE SOCIETY INC</b>	Employer identification number <b>59-3022641</b>
----------------------------------------------------------------------	-----------------------------------------------------

**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	<u>ESCAMBIA COUNTY COMMISSION</u>  <u>221 PALAFOX PLACE STE 420</u>  <u>Pensacola FL 32502</u>	\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>FAAHPN</u>  <u>PO BOX 4261</u>  <u>Tallahassee FL 32315</u>	\$ <u>24,148</u>	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.)

**THE AFRICAN AMERICAN HERITAGE SOCIETY, INC.**

**PENSACOLA, FLORIDA**

**FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2021**

THE AFRICAN AMERICAN HERITAGE SOCIETY, INC.

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS

SEPTEMBER 30, 2021

CONTENTS

	PAGE
Independent Accountant's Review Report	2
Statement of Financial Position	3
Statement of Activities	4

# Jason R Loeffler, CPA, P.A.

## INDEPENDENT ACCOUNTANT'S REVIEW REPORT

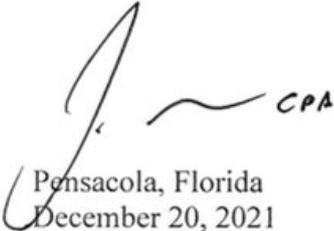
Board of Directors  
The African American Heritage Society, Inc.  
Pensacola, Florida

I have reviewed the accompanying statement of financial position of The African American Heritage Society, Inc. (a nonprofit organization) as of September 30, 2021, 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  
December 20, 2021

9515-A Holsberry Rd., 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, 2021**

**ASSETS**

<b>Assets</b>	
Cash	\$ <u>16,305</u>
<b>Total Assets</b>	<u>\$ <u>16,305</u></u>

**LIABILITIES AND NET ASSETS**

<b>Liabilities</b>	
Due to Dr. Howard	\$ 1,000
Total Liabilities	<u>1,000</u>
<b>Net Assets</b>	
Unrestricted:	
Undesignated	15,305
Total net assets	<u>15,305</u>
<b>Total Liabilities and Net Assets</b>	<u>\$ <u>16,305</u></u>

See independent accountant's review report.

**STATEMENT OF ACTIVITIES**  
**AFRICAN AMERICAN HERITAGE SOCIETY, INC.**  
**YEAR ENDED SEPTEMBER 31, 2021**

**CHANGES IN UNRESTRICTED NET ASSETS**

Revenue

Fundraising Events	\$ 24,001
Grant Revenue	<u>40,311</u>
Total revenue and support	64,312

**EXPENSES**

Bank Fees	219
Dues and Subscriptions	1,141
Insurance	604
Marketing	1,480
Office Expense	2,083
Personnel	30,637
Postage	474
Printing	232
Professional Fees	3,087
Program Expenses	1,650
Repairs and Maintenance	2,874
Taxes and Licenses	275
Utilities	<u>7,486</u>

Total expenses	<u>52,242</u>
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CHANGE IN UNRESTRICTED NET ASSETS	12,070
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UNRESTRICTED NET ASSETS, BEGINNING OF YEAR	<u>4,235</u>
--------------------------------------------	--------------

UNRESTRICTED NET ASSETS, END OF YEAR	<u><u>\$ 16,305</u></u>
--------------------------------------	-------------------------

See independent accountant's review report.

**2**

**Center for Independent Living**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- \_\_\_ Submit a fully completed Agency Funding Request Application
- \_\_\_ Submit a copy of your organization's current W-9
- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Center for Independent Living of Northwest Florida, Inc.

Agency Address: 21 South Tarragona Street, Suite 101, Pensacola, FL 32502

Program Name for which funding is being requested: Youth Transition to Employment Program

Amount Requested: \$ 60,000

Program Contact: Carolyn Grawi

Contact Email: carolyn@cilnwf.org Contact Phone: (850-595-5566

25-Word Description of Program: This program will provide pre-employment training services to youth with disabilities who are transitioning out of high school or post secondary education.

How many years has your organization been providing services in the County? 43

How many years has your organization received funding from the County? 3

Explain how receiving funds from the County would have a significant impact on your organization: It allows us to reach the population aged 14-26 years old for their success and independence in meeting an unfunded federal program's guidelines. The transition of youth to employment readiness and economic opportunity in Escambia County furthers both our organization and Escambia County's goals for success.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$30,000 allocated

Briefly discuss how last year's funds were used? The funding from the 2022-2023 is being used to operate the Youth Transition Program.

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Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? \_\_\_\_\_

We anticipated being able to reach individuals and conduct the program on a larger scale, however, the community agencies that could potentially make referrals have not done so. CILNWF has been very diligent in not utilizing the funds unnecessarily and will continues to be transparent in the utilization of the funding to meet programmatic needs for youth transition to employment.

**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? Youth with disabilities will be trained to prepare for employment. Training will include resume building, soft skills training, disability disclosure and requests for reasonable accommodations. Youth who transition with these independent living skills have an increased chance of gainful employment and are less likely to depend on public benefits as a means of support. The outcomes will lead to better utilization of public dollars.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: Yes, youth transition is an unfunded federal requirement for Centers for Independent Living.

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**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: We are a vendor under contract with Vocational Rehabilitation to provide Pre-Employment Training Services for youth with disabilities aged 14 - 26.

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Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. The Center is run BY and FOR people with disabilities. As peers, we are uniquely qualified to assist transitioning youth with developing their abilities and help them gain confidence, as well as make sure they are aware of, educated about and given the tools to navigate their rights as it relates to employment.

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**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 10 %
- Percentage for direct programming costs: 90 %

If Escambia County funding can only fund a portion of your request, how will you offset the difference? We will have to rework our budget to operate a smaller program.

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If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio: While not officially a match, we are continually seeking additional funding from other sources to create a program that reaches a maximum number of participants. The current request will only pay for one position and some base program funding to support growth of transition services from CILNWF to Escambia County.

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. No duplication. We have recently requested \$10,000 from United Way and \$20,000 from Sunday's Child to support our durable medical equipment program.

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**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Number of students who completed training in the previous fiscal year.	1	10 projected	10 projected	%
2.				%
3.				%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. This program will strive to provide pre-employment training to 10 youth with significant disabilities so they can gain the necessary skills and increase their opportunities to become gainfully employed. (See SMART Goal and additional supporting material in Attachment 2.)	10
2.	
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. The planned number of youth with disabilities who successfully completed the youth transition/preemployment training program.	10 projected
2.	
3.	

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			
Programmatic Income	\$3,360.00	\$6,000	\$12,000
County Funding/Direct Contribution	\$7,182.27	\$30,000	\$60,000
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding		\$9,000	\$18,000
Memberships			
Investment Income			
Other Income (b)			
Total Income	\$10,542.27	\$45,000	\$90,000

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) NA

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. NA

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<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	.50	.50	1 FTE
Salaries and Wages	\$6,763.27	\$30,000	\$60,000
Employee Benefits	\$1,062.70	\$4,500	\$9,000
Professional Services		\$350	\$700
Contractual Services			
Travel Expenses		\$250	\$500
Rentals and Leases			
Communication			
Postage and Freight		\$25	\$50
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion		\$500	\$1,000
Fuel			
Supplies		\$250	\$500
Event Expenses			
Capitalizable Assets for County Funding (a)			
Other Expenses (b)		\$9,125	\$18,250
Total Expenses	\$7,825.97	\$45,000	\$90,000
Net Income - (Revenue minus Expense)	\$2,716.30	0	0

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

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(b) Please explain any request listed in the "Other Expenses" line item. Computer Exp, Overhead Allocations

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**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Calendar

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. The amounts shown in the expense table for 2022 depict only the expenses applicable to this program and not the organization as a whole, therefore will not agree with the 2022 audited financial statements.

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? NA

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4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Carolyn Grawi	Executive Director	99,750
Christopher Grimm	Associate Director	63,000
Deb Stanwood	Fiscal Manager	57,225
VACANT	Advocacy/Outreach Coordinator	50,000
Danny Broxson	Independent Living Specialist	41,540

5. Please provide the total amount of cash and investments on hand. \$928,764

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6. Does your organization charge fees for services? If so, provide a list of fees charged.

No

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7. Does your organization require background checks from volunteers and staff? Yes, Level II  
background screenings are required for staff and volunteers.

### **ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: NA

1. What is your agency's Strategic Plan? It is our purpose to encourage, motivate, train  
and guide consumers to achieve the highest level of independence possible that they choose. It is fundamental

to the Independent Living philosophy. It is important that youth with disabilities have a foundation for improved  
quality of life, decreasing the possibility of poverty, by teaching independent living and employment readiness skills.

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2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

Five positions currently open at the CILNWF at approximately \$200,000 in economic reach.

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3. What is the net cost per job created? na

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? na

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

Our agency receives annual contracts/grants from the U.S. Department of Health and Human Services, Florida Department of Education and the Florida Alliance for Assistive Services and Technology to conduct Centers for Independent Living programs and services.

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_

CILNWF is a member of both Pensacola Area and Perdido Key Chambers

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4. What are your agency's statistics on business creation and minority businesses by zip code? na

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5. Can we reduce the taxpayer subsidy? na

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

Carolyn L. Grawi  
\_\_\_\_\_  
Name  
Executive Director  
\_\_\_\_\_  
Title  
04/01/2023  
\_\_\_\_\_  
Date

## 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) <b>CENTER FOR INDEPENDENT LIVING OF NORTHWEST FLORIDA, INC</b>					
	<b>CIL OF NORTHWEST FLORIDA</b>					
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501(C)3 NON PROFIT CORPORATION</b>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Address (number, street, and apt. or suite no.) <b>3600 NORTH PACE BOULEVARD</b></td> <td style="width: 40%;">Requester's name and address (optional)</td> </tr> <tr> <td>City, state, and ZIP code <b>PENSACOLA, FL 32505</b></td> <td></td> </tr> </table>		Address (number, street, and apt. or suite no.) <b>3600 NORTH PACE BOULEVARD</b>	Requester's name and address (optional)	City, state, and ZIP code <b>PENSACOLA, FL 32505</b>	
	Address (number, street, and apt. or suite no.) <b>3600 NORTH PACE BOULEVARD</b>	Requester's name and address (optional)				
City, state, and ZIP code <b>PENSACOLA, FL 32505</b>						
List account number(s) here (optional)						

### Part I Taxpayer Identification Number (TIN)

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

Social security number									

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

Employer identification number									
5	9	-	2	2	8	8	7	5	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).

**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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Carlyle L. Dean, M.W., LCSW, LMSW, ABIN, AOC</i>	Date ▶ <b>06/07/2023</b>
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### General Instructions

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

#### Purpose of Form

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

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

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

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.–China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.–China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### **Specific Instructions**

#### **Name**

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

**Disregarded entity.** Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Internal Revenue Service  
District Director

Department of the Treasury

Date: *1-1-80*

Employer Identification Number:

*59-2288751*  
Accounting Period Ending:

*December 31*  
Form 990 Required:  Yes  No

Person to Contact:

*Terry Watkins/jdf*  
Contact Telephone Number:

*(404) 221-4516*

File Folder Number:  
*580031951*

> *Center for Independent Living  
of Northwest Florida, Inc.  
908 W. Lakeview Ave.  
Pensacola, FL 32501*

Dear Applicant:

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

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

~~If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.~~

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

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

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

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

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

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

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

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

Sincerely yours,

  
District Director

Enclosure:

- Form 990, Schedule A and Instructions  
See Attachment



## Consumer's Certificate of Exemption

DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012529823C-7	10/31/2013	10/31/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

CENTER FOR INDEPENDENT LIVING OF  
NORTHWEST FLORIDA INC  
3600 N PACE BLVD  
PENSACOLA FL 32505-4240

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.



# Return of Organization Exempt From Income Tax

## 2022

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

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

**C** Name of organization **Center For Independent Living Of NW FL Inc**  
 Doing business as **CIL of Northwest Florida**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**21 South Tarragona Street Suite 101**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Pensacola, FL 32502**

**D** Employer identification number  
**59-2288751**

**E** Telephone number  
**(850) 595-5566**

**G** Gross receipts  
\$ **1,224,959**

**F** Name and address of principal officer: **Carolyn Grawi**  
**Same as C above**

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

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

**J** Website: **www.cilnwf.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1982** **M** State of legal domicile: **FL**

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CIL of Northwest Florida promotes, educates, facilitates, assists and advocates with and on behalf of people with disabilities, in partnership with their communities, to achieve their goals of independence.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 668,312	<b>Current Year</b> 775,628
	<b>9</b> Program service revenue (Part VIII, line 2g)	17,795	36,635
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,926	305,206
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(828)	(16,757)
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	698,205	1,100,712
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	16,565	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	642,550	788,195	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	642,550	788,195	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	55,655	312,517	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 867,550	<b>End of Year</b> 1,437,668
	<b>21</b> Total liabilities (Part X, line 26)	41,645	368,984
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	825,905	1,068,684

### 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**

**Carolyn Grawi**  
Signature of officer

**Carolyn Grawi, Executive Director**  
Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name: **Kim K. Enikeieff** Preparer's signature: **Kim K. Enikeieff** Date: **03-21-2023** Check  if self-employed if PTIN: **P00989337**

Firm's name: **Kim K. Enikeieff, CPA** Firm's EIN

Firm's address: **PO Box 8754 Mobile AL 36689** Phone no.: **251-591-1357**

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:  
**CIL of Northwest Florida promotes, educates, facilitates, assists and advocates with and on behalf of people with disabilities, in partnership with their communities, to achieve their goals of independence.**

**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 \$ 706,425 including grants of \$ \_\_\_\_\_) (Revenue \$ 36,635)  
**The Organization provides information, counseling, training, referrals and advocacy to permanently disabled individuals and helps the handicapped to live productive and self-sufficient lifestyles.**

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **706,425**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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	<b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	17			

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
19 Describe on 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.

Carolyn Grawi (850)595-5566, 21 South Tarragona Street Suite 101, Pensacola, FL 32502

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Carolyn Grawi Executive Director	40.00			X			94,940	0	15,216	
(2) Dawn Shumaker-Smith Director	5.00	X					0	0	0	
(3) Spencer Blomquist Secretary	7.00	X		X			0	0	0	
(4) Jay Fraiser Past President	7.00	X		X			0	0	0	
(5) Chris Walker Treasurer	7.00	X		X			0	0	0	
(6) John Collins President	7.00	X		X			0	0	0	
(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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) -----										
<b>1b Subtotal</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							<b>94,940</b>	<b>0</b>	<b>15,216</b>	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> . . . . .		<b>x</b>
<b>4</b> 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> . . . . .		<b>x</b>
<b>5</b> 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> . . . . .		<b>x</b>

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	3,236				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	5,100				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	715,956				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	51,336				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f . . . . .			775,628			
Program Service Revenue			Business Code				
	<b>2a Fees for service</b>	624310	10,186	10,186			
	<b>b Program income</b>	624310	26,449	26,449			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			36,635				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		8,136	8,136			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	372,000			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	74,930				
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	297,070				
	<b>d</b> Net gain or (loss) . . . . .			297,070	297,070		
<b>8a</b> Gross income from fundraising events (not including \$ 5,100 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		29,169				
		<b>8b</b>	49,317				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		(20,148)			(20,148)
<b>9a</b> Gross income from gaming activities, See Part IV, line 19 . . . . .	<b>9a</b>						
		<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
		<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue			Business Code				
	<b>11a Miscellaneous</b>	900099	3,391	3,391			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			3,391				
<b>12 Total revenue.</b> See instructions . . . . .			1,100,712	345,232	0	(20,148)	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .				
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	6,000	5,460	540	
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.) . . .	18,163	16,528	1,635	
12	Advertising and promotion . . . . .	16,565			16,565
13	Office expenses . . . . .	23,521	21,649	1,872	
14	Information technology . . . . .	34,726	31,601	3,125	
15	Royalties . . . . .				
16	Occupancy . . . . .	73,417	66,810	6,607	
17	Travel . . . . .	15,347	13,966	1,381	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	470	470		
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	17,274	15,719	1,555	
23	Insurance . . . . .	10,576	9,624	952	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<b>Leased employees</b>	516,947	470,421	46,526	
b	<b>Miscellaneous expenses</b>	2,602	2,602		
c	<b>Program expenses</b>	41,309	40,561	748	
d	<b>Licenses and taxes</b>	2,936	2,672	264	
e	All other expenses _____	8,342	8,342		
25	<b>Total functional expenses.</b> Add lines 1 through 24e. .	788,195	706,425	65,205	16,565
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	138,950	<b>1</b>	125,159
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	103,996	<b>3</b>	122,616
	<b>4</b> Accounts receivable, net	3,522	<b>4</b>	7,560
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	9,381	<b>9</b>	19,342
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	426,985		
	<b>b</b> Less: accumulated depreciation	65,930		
	<b>11</b> Investments - publicly traded securities	513,538	<b>10c</b>	361,055
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>11</b>	801,936
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>12</b>	
	<b>14</b> Intangible assets		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11	975	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	867,550	<b>15</b>	1,437,668	
		<b>16</b>	1,437,668	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	30,763	<b>17</b>	30,377
	<b>18</b> Grants payable	10,000	<b>18</b>	10,000
	<b>19</b> Deferred revenue	882	<b>19</b>	882
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	327,725
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	41,645	<b>26</b>	368,984
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	825,905	<b>27</b>	1,068,684
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	825,905	<b>32</b>	1,068,684
	<b>33</b> Total liabilities and net assets/fund balances	867,550	<b>33</b>	1,437,668

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,100,712
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	788,195
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	312,517
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	825,905
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(69,738)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,068,684

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits . . . . .		

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> Center For Independent Living Of NW FL Inc	<b>Employer identification number</b> 59-2288751
-------------------------------------------------------------------------------	-----------------------------------------------------

**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).)
- 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 on 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)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	602,361	607,047	733,855	668,312	775,628	3,387,203
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	602,361	607,047	733,855	668,312	775,628	3,387,203
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						3,387,203

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	602,361	607,047	733,855	668,312	775,628	3,387,203
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,442	8,174	10,969	12,926	8,136	43,647
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	20,330	12,602	17,116	16,967	19,878	86,893
<b>11 Total support.</b> Add lines 7 through 10						3,517,743
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	96.29 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.83 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on 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>		
c	Did a disqualified person (as defined on 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>		
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>		
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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> By reason of the relationship described in line 2, above, 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>2a</b>	
<b>b</b> Did the activities described on line 2a, above, 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>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>	
<b>b</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>	<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 . . . .		
b	Excess from 2019 . . . .		
c	Excess from 2020 . . . .		
d	Excess from 2021 . . . .		
e	Excess from 2022 . . . .		



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Table with 2 columns: Name of the organization (Center For Independent Living Of NW FL Inc) and Employer identification number (59-2288751)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 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

- [X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>Center For Independent Living Of NW FL Inc</b>	Employer identification number <b>59-2288751</b>
---------------------------------------------------------------------------	-----------------------------------------------------

**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	FL Dept of Education  2002A Old St. Augustine Road  Tallahassee FL 32301	\$ 273,298	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions.)
2	FL Alliance for Assistive Services  3333 West Pensacola Street  Tallahassee FL 32304	\$ 41,268	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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: Center For Independent Living Of NW FL Inc
Employer identification number: 59-2288751

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees...

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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 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...

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 FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB 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 make 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 program
  - 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 Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                      | Yes    | No |
|------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations . . . . .                                                                | 3a(i)  |    |
| (ii) Related organizations . . . . .                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		6,798	566	6,232
d Equipment . . . . .		92,462	65,364	27,098
e Other . . . . . <b>STMD1E</b>		327,725		327,725
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				361,055

**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
<b>Total.</b> (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) <del>Lease liability</del>	327,725	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	327,725	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .





**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
		<b>Gala</b> (event type)	(event type)	<b>None</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	34,269			34,269
	<b>2</b> Less: Contributions . . . . .	5,100			5,100
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	29,169			29,169
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	1,250			1,250
	<b>7</b> Food and beverages . . . . .	5,130			5,130
	<b>8</b> Entertainment . . . . .	22,011			22,011
	<b>9</b> Other direct expenses . . . . .	20,926			20,926
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				49,317
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(20,148)	

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .					

- 9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No
- b** If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No
- b** If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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

**2022**

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Center For Independent Living Of NW FL Inc**

Employer identification number  
**59-2288751**

**01. Form 990 governing body review (Part VI, line 11)**

The Form 990 and the required schedules were provided to the Board of Directors electronically for their review prior to the return being filed.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

The Organization, on an annual basis, asks each member of the Board of Directors to review the Conflict of Interest Policy to verify that they do not have any conflicts of interest with the organization.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

The compensation of the Executive Director was reviewed by the Budget and Finance Committee and approved by the Board of Directors as part of the annual budget.

**04. Form 990 availability to public (Part VI, line 18)**

The Organization's Form 990 will be mailed to anyone who request a copy of the form.

**05. Governing documents, etc, available to public (Part VI, line 19)**

The Organization's governing documents, Conflict of Interest Policy, the Annual Audited Financial Statements and the Form 990 are made available to anyone who requests the documents.

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

**2022**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**Center For Independent Living Of NW FL Inc**

**59-2288751**

Name and title of officer or person subject to tax

**Carolyn Grawi, Executive Director**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

<b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>1,100,712</u>
<b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here. . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5). . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c). . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1). . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19). . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Kim K. Enikeieff, CPA to enter my PIN 32561 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax

Date 03-17-2023

**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.

598543 32561

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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 Kim K. Enikeieff

Date 03-21-2023

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

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2022 PG01**

Name(s) as shown on return

Tax ID Number

Center For Independent Living Of NW FL Inc

59-2288751

**Form 990 - Schedule D - Part VI - Line 1e**      Statement #D1e  
Investments - Other

<b>Description</b> of Investment	<b>Cost/basis</b> (Investment)	<b>Cost/basis</b> (Other)	<b>Depr</b>	<b>Book</b> Value
Right-to-use assets (net)	<u>0</u>	<u>327,725</u>	<u>0</u>	<u>327,725</u>
<b>Total</b>	<u><u>0</u></u>	<u><u>327,725</u></u>	<u><u>0</u></u>	<u><u>327,725</u></u>

**FOR TAX YEAR 2022**

CENTER FOR INDEPENDENT LIVING OF NW FL INC

Kim K. Enikeieff, CPA

PO Box 8754

Mobile, AL 36689

(251)591-1357

**2022 Filing Instructions**  
**Center For Independent Living Of NW FL Inc**  
**Tax year ending 12-31-2022**

**Form filed:**

Form 990 and supplemental forms and schedules

**Filing method:**

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

**Due date:**

05-15-2023

**The return reflects neither a refund nor a balance due.**

**Please note:**

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

# Kim K. Enikeieff, CPA

PO Box 8754  
Mobile, AL 36689  
kenikeieff@gmail.com  
Phone: (251)591-1357 | Fax:

March 21, 2023

Center For Independent Living Of NW FL Inc  
21 South Tarragona Street Suite 101  
Pensacola, FL 32502

Subject: Preparation of 2022 Tax Returns

Center For Independent Living Of NW FL Inc:

Thank you for choosing Kim K. Enikeieff, CPA to assist with the 2022 taxes for Center For Independent Living Of NW FL Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for Center For Independent Living Of NW FL Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Center For Independent Living Of NW FL Inc, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff  
Kim K. Enikeieff, CPA

Accepted By:

---

Officer

---

Date

# Kim K. Enikeieff, CPA

PO Box 8754  
Mobile, AL 36689  
kenikeieff@gmail.com  
Phone: (251)591-1357 | Fax:

March 21, 2023

Center For Independent Living Of NW FL Inc  
CIL of Northwest Florida  
21 South Tarragona Street Suite 101  
Pensacola, FL 32502

Center For Independent Living Of NW FL Inc:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Center For Independent Living Of NW FL Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff  
Kim K. Enikeieff, CPA

# Kim K. Enikeieff, CPA

PO Box 8754  
Mobile, AL 36689  
kenikeieff@gmail.com  
Phone: (251)591-1357 | Fax:

March 21, 2023

Center For Independent Living Of NW FL Inc  
21 South Tarragona Street Suite 101  
Pensacola, FL 32502

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff  
Kim K. Enikeieff, CPA

# Kim K. Enikeieff, CPA

PO Box 8754  
 Mobile, AL 36689  
 kenikeieff@gmail.com  
 Phone: (251)591-1357 | Fax:

Customer Name	Customer Information	
Center For Independent Living Of NW FL Inc CIL of Northwest Florida 21 South Tarragona Street Suite 101 Pensacola, FL 32502	Invoice #:	
	Date:	March 21, 2023
	Phone:	(850)595-5566
	E-mail:	

Your 2022 tax return was prepared by Kim K. Enikeieff.

Description	Fee
<b>Federal And Supplemental Forms</b>	
Form 990	Return of Org Exempt from Income Tax, page 1
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8
Schedule B	Schedule of Contributors, page 1
Schedule B pg 2	Schedule of Contributors, page 2
Schedule D	Supplemental Financial Statement, page 1
Schedule D pg 2	Supplemental Financial Statement, page 2
Schedule D pg 3	Supplemental Financial Statement, page 3
Schedule D pg 4	Supplemental Financial Statement, page 4
Schedule G	Fundraising and Gaming Activities, page 1
Schedule G pg 2	Fundraising and Gaming Activities, page 2
Schedule O	Supplemental Information, page 1
Form 8879-TE	E-file Signature Authorization for Tax Exempt
Statement Sch D	Schedule D - Part VI, Line 1e

<b>Total Forms</b>	<b>31</b>	<b>Forms Subtotal</b>	<b>0.00</b>
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		<b>Total Balance Due</b>	<b>0.00</b>
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Payment due upon receipt. Thank you for your business!

990

Tax Exempt Diagnostic Summary

2022

Name Center For Independent Living Of NW FL Inc	Employer Identification # 59-2288751
----------------------------------------------------	-----------------------------------------

Demographics

Mailing Address:

21 South Tarragona Street Suite 101  
Pensacola, FL 32502

Phone: (850)595-5566

Resident State: FL

Diagnostics

Preparer: Kim K. Enikeieff

Invoice:

Date: 03-21-2023

Return Information

Item on Return	2022 Federal	2021 Federal (If available)
Total Revenue	1,100,712	698,205
Total Expenses	788,195	642,550
Net Excess (Deficit)	312,517	55,655
Net Assets or Fund Balances	1,068,684	825,905

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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**CENTER FOR INDEPENDENT LIVING  
OF NORTHWEST FLORIDA, INC.**

**FINANCIAL REPORT**

**DECEMBER 31, 2022**

## TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of financial position	3
Statements of activities	4
Statement of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7
Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	16

**Kim K. Enikeieff**  
**Certified Public Accountant**  
**Post Office Box 8754**  
**Mobile, Alabama 36689**  
**Telephone 251-591-1357**

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Center for Independent Living of Northwest Florida, Inc.  
Pensacola, Florida

**Report on the Audit of the Financial Statements**

**Opinion**

I have audited the accompanying financial statements of Center for Independent Living of Northwest Florida, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In my opinion, the financial statements present fairly, in all material respects, the financial position of Center for Independent Living of Northwest Florida, Inc. as of December 31, 2022 and 2021, 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.

**Basis for Opinion**

I conducted my 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. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Center for Independent Living of Northwest Florida, Inc. and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

**Responsibilities of Management for the Financial Statements**

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 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Center for Independent Living of Northwest Florida, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

**Auditor's Responsibilities for the Audit of the Financial Statements**

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance

and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Center for Independent Living of Northwest Florida, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Center for Independent Living of Northwest Florida, Inc.'s ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

#### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, I have also issued my report dated March 17, 2023, on my consideration of Center for Independent Living of Northwest Florida, Inc.'s internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Center for Independent Living of Northwest Florida, Inc.'s 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 Center for Independent Living of Northwest Florida, Inc.'s internal control over financial reporting and compliance.

*Kim K. Enikeieff*

March 17, 2023

**CENTER FOR INDEPENDENT LIVING OF NORTHWEST FLORIDA, INC.**

**STATEMENTS OF FINANCIAL POSITION**  
December 31, 2022 and 2021

ASSETS	2022	2021
Current assets		
Cash	\$ 125,159	\$ 138,950
Investments	801,936	513,538
Unconditional Promises to give without donor restrictions	5,000	6,350
Grants receivable	117,616	97,646
Accounts receivable	7,560	3,522
Prepaid expenses	19,342	9,381
Total current assets	1,076,613	769,387
Property, plant and equipment		
Land	-	20,000
Building and improvements	-	393,682
Leasehold improvements	6,798	-
Furniture and equipment	92,462	92,245
Less accumulated depreciation	(65,930)	(408,739)
Total property and equipment	33,330	97,188
Right-of-use lease assets - operating lease	344,982	-
Less accumulated amortization	(17,257)	-
Total right-to-use assets	327,725	-
Total property, plant and equipment	361,055	97,188
Other assets		
Deposits	-	975
Total assets	\$ 1,437,668	\$ 867,550
 LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable	\$ 3,562	\$ 5,397
Accrued payroll and related taxes	16,442	15,905
Accrued vacation pay	10,373	9,461
Deferred revenue	882	882
Refundable advances	10,000	10,000
Current portion of lease liability - operating lease	112,086	-
Total current liabilities	153,345	41,645
Long-term lease liability - operating lease	215,639	-
Total liabilities	368,984	41,645
Net assets		
Without donor restrictions - designated	225,000	170,000
Without donor restrictions - undesignated	843,684	655,905
Total net assets without donor restrictions	1,068,684	825,905
With donor restrictions	-	-
Total net assets	1,068,684	825,905
Total liabilities and net assets	\$ 1,437,668	\$ 867,550

See notes to financial statements.

**CENTER FOR INDEPENDENT LIVING OF NORTHWEST FLORIDA, INC.**

**STATEMENTS OF ACTIVITIES**  
**For the Years Ended December 31, 2022 and 2021**

	2022			2021		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenue						
Special events	\$ 34,269	\$ -	\$ 34,269	\$ 4,709	\$ -	\$ 4,709
Less cost of special events	49,317	-	49,317	1,328	-	1,328
Net special events	(15,048)	-	(15,048)	3,381	-	3,381
Federal grants	627,036	-	627,036	566,198	-	566,198
State grants	88,920	-	88,920	58,962	-	58,962
United Way of West Florida	3,236	-	3,236	10,813	-	10,813
Other grants	18,485	-	18,485	5,550	-	5,550
Contributions	32,851	-	32,851	22,080	-	22,080
Fees for services	36,635	-	36,635	17,795	-	17,795
Investment income	(61,602)	-	(61,602)	26,306	-	26,306
Miscellaneous income	3,391	-	3,391	500	-	500
Gain on disposal of property	297,070	-	297,070	-	-	-
Net assets released from restrictions	-	-	-	-	-	-
<b>Total support and revenue</b>	<b>1,030,974</b>	<b>-</b>	<b>1,030,974</b>	<b>711,585</b>	<b>-</b>	<b>711,585</b>
Expenses						
Program expenses	706,425	-	706,425	585,555	-	585,555
Management and general	65,205	-	65,205	55,600	-	55,600
Fundraising	16,565	-	16,565	1,395	-	1,395
<b>Total expenses</b>	<b>788,195</b>	<b>-</b>	<b>788,195</b>	<b>642,550</b>	<b>-</b>	<b>642,550</b>
Change in net assets	242,779	-	242,779	69,035	-	69,035
Net assets, beginning of year	825,905	-	825,905	756,870	-	756,870
<b>Net assets, end of year</b>	<b>\$ 1,068,684</b>	<b>\$ -</b>	<b>\$ 1,068,684</b>	<b>\$ 825,905</b>	<b>\$ -</b>	<b>\$ 825,905</b>

See notes to financial statements.

**CENTER FOR INDEPENDENT LIVING OF NORTHWEST FLORIDA, INC.**

**STATEMENT OF FUNCTIONAL EXPENSES**  
**For the Year Ended December 31, 2022 with Comparative Totals for 2021**

	Program Expenses	Management and General	Fundraising Expenses	2022 Total Expenses	2021 Total Expenses
Salaries	\$ 353,864	\$ 34,998	\$ -	\$ 388,862	\$ 361,690
Payroll taxes and benefits	116,557	11,528	-	128,085	118,966
Total personnel	470,421	46,526	-	516,947	480,656
Accounting fees	5,460	540	-	6,000	6,000
Consumer services	25,509	-	-	25,509	18,484
Dues and subscriptions	2,726	-	-	2,726	3,109
Information technology	31,601	3,125	-	34,726	32,042
Insurance	9,624	952	-	10,576	10,007
Interpreter expenses	7,567	748	-	8,315	6,475
Licenses and taxes	2,672	264	-	2,936	366
Marketing expense	-	-	16,565	16,565	1,395
Miscellaneous expense	2,602	-	-	2,602	1,238
Needs assessment	215	-	-	215	131
Office supplies and postage	5,502	544	-	6,046	7,767
Outreach activities	7,270	-	-	7,270	-
Printing	1,203	119	-	1,322	448
Professional fees	16,528	1,635	-	18,163	6,544
Relocation expenses	8,342	-	-	8,342	-
Rent	28,261	2,795	-	31,056	-
Rent storage space	1,900	188	-	2,088	2,926
Rental and maintenance of equipment	5,176	512	-	5,688	5,375
Repairs and maintenance	25,010	2,473	-	27,483	17,764
Security services	1,462	145	-	1,607	2,043
Staff training	470	-	-	470	420
Telephone	7,042	697	-	7,739	7,548
Travel	13,966	1,381	-	15,347	4,596
Utilities	10,177	1,006	-	11,183	9,158
Total expenses before depreciation	690,706	63,650	16,565	770,921	624,492
Depreciation	15,719	1,555	-	17,274	18,058
Total expenses	<u>\$ 706,425</u>	<u>\$ 65,205</u>	<u>\$ 16,565</u>	<u>\$ 788,195</u>	<u>\$ 642,550</u>

See notes to financial statements.

**CENTER FOR INDEPENDENT LIVING OF NORTHWEST FLORIDA, INC.**

**STATEMENTS OF CASH FLOWS**  
**For the Years Ended December 31, 2022 and 2021**

	2022	2021
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 242,779	\$ 69,035
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	17,274	18,058
Noncash portion of lease expense for operating lease	17,257	-
Repayment of lease liability for operating lease	(17,257)	-
Net realized (gain) loss on investments	(8,136)	(12,926)
Net unrealized (gain) loss on investments	69,738	(13,380)
Gain on the disposal of property, plant and equipment	(297,070)	-
(Increase) decrease in:		
Unconditional Promises to give without donor restrictions	1,350	(4,642)
Grants receivable	(19,970)	32,966
Accounts receivable	(4,038)	(3,142)
Prepaid expenses	(9,961)	(5,870)
Deposits	975	-
Increase (decrease) in:		
Accounts payable	(1,835)	(4,132)
Accrued payroll and related taxes	537	(1,129)
Accrued vacation pay	912	(1,030)
Deferred revenue	-	(1,072)
	<u>(7,445)</u>	<u>72,736</u>
Net cash (used) provided by operating activities		
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of investments	(350,000)	-
Purchases of property, plant and equipment	(28,346)	-
Proceeds from the sale of property, plant and equipment	372,000	-
	<u>(6,346)</u>	<u>-</u>
Net cash (used) provided by investing activities		
Net (decrease) increase in cash	(13,791)	72,736
Cash, beginning of year	138,950	66,214
	<u>138,950</u>	<u>66,214</u>
Cash, end of year	<u>\$ 125,159</u>	<u>\$ 138,950</u>

See notes to financial statements.

## NOTES TO FINANCIAL STATEMENTS

### Organization

The Center for Independent Living of Northwest Florida, Inc. (the "Organization") was incorporated in 1982. The Organization promotes, educates, facilitates, assists and advocates with and on behalf of people with disabilities, in partnership with their communities, to achieve their goals of independence. Funding is provided primarily by federal grants from the U.S. Department of Health and Human Services and the Social Security Administration received either directly or as pass-through grants through the State of Florida Departments of Education and Labor and Employment Security.

### Summary of Significant Accounting Policies

#### Method of accounting

The financial statements of the Organization have been prepared utilizing the accrual basis of accounting.

#### Cash and cash equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with initial maturity of three months or less to be cash equivalents.

#### Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in net assets without donor restrictions if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

The Organization values its financial assets and liabilities based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value hierarchy that prioritizes the inputs to valuation techniques is used to measure fair value. The hierarchy maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. The hierarchy is broken down into the following three levels, based on the reliability of the inputs:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities that are observable at the measurement date;

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data; and

Level 3: Significant unobservable inputs for the asset or liability that reflect the reporting organization's own estimates about the assumptions that market participants would use in pricing the asset or liability.

#### Promises to give

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the year in which the contributions are recognized. All other donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

## **Summary of Significant Accounting Policies (continued)**

### **Accounts and grants receivable**

All accounts and grants receivable are from federal, state, and local governmental agencies and are considered to be fully collectible. Accordingly, no allowance for doubtful accounts is considered necessary.

### **Property and equipment**

Property and equipment are recorded at cost or, if donated, at the fair value at the date of donation. Property and equipment are depreciated over estimated useful lives using the straight-line method of depreciation. The Organization's policy is to capitalize capital acquisitions costing \$1,000 or more. Depreciation expense was \$17,274 and \$18,058 in 2022 and 2021, respectively.

### **Income taxes**

Income taxes are not provided for in the financial statements since the Organization is exempt from federal and state income taxes under section 501 (c)(3) of the Internal Revenue Code and similar state provisions. The Organization is not classified as a private foundation.

A policy for accounting for uncertainty in income taxes was adopted in prior years that require the Organization to determine whether it is more likely than not that a tax position will be sustained upon examination based on the technical merits of the position. The Organization has no uncertain tax positions that qualified for either recognition or disclosure in the financial statements at December 31, 2022 or December 31, 2021.

### **Grant and cooperative agreements**

The Organization receives grants and contracts from federal and state agencies, as well as from private organizations, to be used for specific programs. The Organization's costs incurred under its government grants and contracts are subject to audit by government agencies. Management believes that disallowance of costs, if any, would not be material to the financial position or changes in net assets of the Organization.

### **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.

### **Contributed materials and services**

Donated materials or equipment, when received, are reflected as contributions in the accompanying financial statements at their estimated fair market values at the date of receipt. No amounts have been reflected in the statements for donated services as no objective basis is available to measure the value of such services. Nevertheless, a substantial number of volunteers donated significant amounts of their time in the Organization's program services.

### **Contributions**

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any restrictions.

## **Significant Accounting Policies (continued)**

### **Cost allocation**

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include compensation and benefits, which are allocated on the basis of estimates of time and effort, as well as depreciation, occupancy and telephone costs which are allocated based on the ratio of program revenue to total revenue.

### **Comparative amounts**

The financial statements include certain prior-year summarized comparative information in total but not by net asset class or functional expense category. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2021, from which the summarized information was derived.

### **Adoption of new lease standard**

Effective January 1, 2022, the Organization adopted Accounting Standards Update (ASU) 2016-02, *Leases* (ASC Topic 842) and subsequent amendments. ASC 842 affects all organizations that enter into lease arrangements, with certain exclusions under limited scope limitations. Under ASU 2016-02, an entity recognizes right-of-use assets and lease obligations on its statement of financial position for all leases with a lease term of more than 12 months. Short-term rentals under year-to-year leases or remaining lease terms of 12 months or less are exempt from being capitalized.

In adopting the new lease standard, the Organization elected to use a transition method under which existing leases were measured and capitalized as of the date of adoption, January 1, 2022, in lieu of applying the standard retrospectively to January 1, 2021. Consequently, the 2021 financial statements and disclosures do not reflect the effects of implementing the new lease standard.

Additionally, as part of the implementation, the Organization elected to use a package of optional practical expedients which permit the Organization to avoid reassessing previous lease identifications within contracts, the existence of initial direct costs, and the lease classifications of any expired and existing leases. Moreover, in accordance with the expedients, all leases classified as operating leases under previous U.S. GAAP are automatically classified as operating leases under the new standard, and all leases previously classified as capital leases are recorded as finance leases.

Leases recognized under the new standard include leases that were not capitalized under U.S. Generally Accepted Accounting Principles (U.S. GAAP), as well as certain other leases that were capitalized based on different GAAP criteria.

On October 1, 2022 the Organization recorded in its October 1, 2022 statement of financial position a right-of-use asset and lease obligation for operating leases in the amount of \$344,982.

### **Lease policies**

The new standard requires that leases with a lease term of more than 12 months be classified as either finance or operating leases. Leases are classified as finance leases when the Organization expects to consume a major part of the economic benefits of the leased assets over the remaining lease term. Conversely, the Organization is not expected to consume a major part of the economic benefits of assets classified as operating leases. The lease classification effects both the pattern and presentation of expense recognized in the statement of activities, the categorization of assets and liabilities in the statement of financial position, and classification of cash flows in the statement of cash flows.

## Significant Accounting Policies (continued)

### Lease policies (continued)

The Organization has made a policy election not to capitalize certain short-term leases with a lease term of 12 months or less.

For finance leases, total lease cost is recorded on an accelerated basis and consists of two components; amortization expense and the related write-off of right-of-use assets, and interest expense from lease obligations. Interest expense is recorded using the effective interest method and right-of use assets are amortized on a straight -line basis over the remaining lease term. For operating leases, total lease cost is measured and recorded on a straight-line basis over the lease term.

Non-lease components, such as common area maintenance (CAM) charges, are separated from lease components based on the terms of the related lease. Variable lease components consist of real estate taxes and insurance charges related to the real estate lease, and are recorded as lease expense as incurred.

Lease obligations are measured and recorded at the present value of future lease payments using a discount rate. Because the Organization generally does not have access to the rate implicit in each lease, lease obligations are measured using the incremental borrowing rate as the discount rate. The incremental borrowing rate is the rate that would be paid to borrow on a collateralized basis over a similar term and amount equal to the lease payments in a similar economic environment.

The Organization uses a portfolio approach to apply a single incremental borrowing rate of 4% to its equipment leases, real estate leases and finance leases.

Right-of-use assets are generally measured and recorded as the sum of the lease obligation, any initial direct costs to consummate the lease, and any lease payments made on or before the commencement date.

No additional leases were capitalized in 2022.

### Evaluation of subsequent events

The Organization has evaluated subsequent events through March 17, 2023, the date which the financial statements were available to be issued.

### Investments

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Fair Value
Bank Deposits	\$ 63,252	\$ -	\$ -	\$ 63,252
Certificates of Deposit	227,283	-	-	227,283
Equities	158,184	-	-	158,184
Fixed Income	353,217	-	-	353,217
Total	<u>\$ 801,936</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 801,936</u>

## Investments (continued)

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Bank Deposits	\$ 91,224	\$ -	\$ -	\$ 91,224
Certificates of Deposit	100,030	-	-	100,030
Equities	184,675	-	-	184,675
Fixed Income	<u>137,609</u>	<u>-</u>	<u>-</u>	<u>137,609</u>
Total	<u>\$ 513,538</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 513,538</u>

Net investment income for the year consisted of the following:

	<u>2022</u>	<u>2021</u>
Interest and dividend income	\$ 12,069	\$ 17,174
Realized gains (losses)	-	-
Unrealized gains (losses)	(69,738)	13,380
Administrative fees	<u>(3,933)</u>	<u>(4,248)</u>
Total	<u>\$ (61,602)</u>	<u>\$ 26,306</u>

Details of the investments in marketable securities as of December 31, 2022:

	<u>Fair Market Value</u>	<u>Cost</u>	<u>Unrealized Appreciation</u>
Bank Deposits	\$ 63,252	\$ 63,252	\$ -
Certificates of Deposit	227,283	229,397	(2,114)
Equities	158,184	166,088	(7,904)
Fixed Income	<u>353,217</u>	<u>363,955</u>	<u>(10,738)</u>
Total	<u>\$ 801,936</u>	<u>\$ 822,692</u>	<u>\$ (20,756)</u>

Details of the investments in marketable securities as of December 31, 2021:

	<u>Fair Market Value</u>	<u>Cost</u>	<u>Unrealized Appreciation</u>
Bank Deposits	\$ 91,224	\$ 91,224	\$ -
Certificates of Deposit	100,030	100,030	-
Equities	184,675	149,498	35,177
Fixed Income	<u>137,609</u>	<u>132,396</u>	<u>5,213</u>
Total	<u>\$ 513,538</u>	<u>\$ 473,148</u>	<u>\$ 40,390</u>

## Promises to Give

Unconditional promises to give at December 31 are as follows:

	<u>2022</u>	<u>2021</u>
Promises without donor restrictions	\$ 5,000	\$ 6,350
Gross unconditional promises to give	5,000	6,350
Less allowance for uncollectible promises	<u>-</u>	<u>-</u>
Net unconditional promises to give	<u>\$ 5,000</u>	<u>\$ 6,350</u>
Amounts due in:		
Less than one year	\$ 5,000	\$ 6,350
One to five years	<u>-</u>	<u>-</u>
Gross unconditional promises to give	<u>\$ 5,000</u>	<u>\$ 6,350</u>

The discount on the long-term promises to give to determine the net present value was not significant.

## Grants Receivable

Grants receivable are recorded by the Organization when the related services are performed and consist of amounts due from federal and state agencies. The amounts were as follows:

	<u>2022</u>	<u>2021</u>
U.S. Department of Health and Human Services	\$ 51,163	\$ 41,969
State of Florida Department of Education	53,963	48,767
Florida Alliance for Assistive Services and Technology, Inc.	<u>12,490</u>	<u>6,910</u>
Total	<u>\$ 117,616</u>	<u>\$ 97,646</u>

## Federal Financial Assistance

The Organization has been awarded a grant from the U.S. Department of Health and Human Services passed through the Florida Department of Education to provide to individuals with disabilities short term device loans, device demonstrations, and training. The grant is recognized as the required services are performed. Accordingly, revenue is recognized when earned and expenses are recognized as incurred.

### Federal Financial Assistance (continued)

Grant activity for the years ended December 31, 2022 and 2021, was as follows:

	<u>2022</u>	<u>2021</u>
Refundable advances, beginning of year	\$ 10,000	\$ 10,000
Grant receipts	41,268	84,524
Grant expenses	<u>41,268</u>	<u>84,524</u>
Refundable advances, end of year	<u>\$ 10,000</u>	<u>\$ 10,000</u>

### Governing Board Designations

Center for Independent Living of Northwest Florida, Inc.'s governing board has designated, from net assets without donor restrictions of \$1,068,684 and \$825,905 as of December 31, 2022 and 2021, respectively, net assets for the following purposes as of December 31:

	<u>2022</u>	<u>2021</u>
Liquidity reserve	\$ 225,000	\$ 170,000
Total	<u>\$ 225,000</u>	<u>\$ 170,000</u>

### Liquidity and Availability of Financial Assets

The following reflects the Organization's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date.

	<u>2022</u>	<u>2021</u>
Financial assets at year-end	\$ 1,057,271	\$ 760,006
Less those unavailable for general expenditures within one year, due to:		
Board designations: liquidity reserve	<u>225,000</u>	<u>170,000</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 832,271</u>	<u>\$ 590,006</u>

## Deferred Revenue

Revenue from various grants and other sources are deferred and recognized as amounts are earned.

	<u>2022</u>	<u>2021</u>
State of Florida Department of Transportation	\$ 882	\$ 882
Total	<u>\$ 882</u>	<u>\$ 882</u>

## Leases

Amounts recognized as right-of-use assets related to operating leases are included in property, plant and equipment in the statement of financial position, while related lease liabilities are included in the current and long-term debt.

As of December 31, 2022 right-of-use assets and lease liabilities related to operating leases were as follows:

Right-of use assets:

	<u>Operating Lease</u>
Cost	\$ 344,982
Less: accumulated amortization	<u>(17,257)</u>
Total	<u>\$ 327,725</u>

Lease liabilities:

	<u>Operating Lease</u>
Current portion	\$ 112,086
Long-term portion	<u>215,639</u>
Total	<u>\$ 327,725</u>

The Organization leases office space from a third party. The terms of the lease provide for annual base rent payments over three years in amounts ranging from \$124,224 to \$131,988 through 2025, with renewal options. In addition to base rent, the Organization pays a percentage of common area maintenance (CAM) charges, and real estate taxes and insurance. In the statement of functional expenses, CAM charges are classified as repairs and maintenance expense.

In the normal course of business, the Organization leases storage space as needed on a short-term basis, typically on an annual lease or a month-to-month basis. In 2022, short-term lease expense was \$2,088.

The Organization leases certain equipment under monthly operating leases. The amount reported in rent expense was \$5,688 for the year ended December 31, 2022.

### Leases (continued)

Maturity analysis and reconciliation to the statement of financial position:

A summary of the future payments for operating leases reconciled to the lease liability recorded at December 31, 2022 follows:

	<u>Operating Lease</u>
2023	\$ 125,195
2024	129,076
2025	<u>98,991</u>
Total future lease payments	353,262
Less effects of discounting	<u>25,537</u>
Lease liability recorded at December 31, 2022	327,725
Less current portion	112,086
Long-term lease liability	<u><u>\$ 215,639</u></u>

### Concentration of Credit Risk

Services provided by the Organization are funded primarily with grants from the United States Department of Health and Human Services and the Social Security Administration passed through the Florida Departments of Education and Labor and Employment Security. The Organization's ability to continue to provide the same level of services is dependent on continued funding from these sources.

**Kim K. Enikeieff**  
**Certified Public Accountant**  
Post Office Box 8754  
Mobile, Alabama 36689  
Telephone 251-591-1357

**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**

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Center for Independent Living of Northwest Florida, Inc.  
Pensacola, Florida

I have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Center for Independent Living of Northwest Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued my report thereon dated March 17, 2023.

**Report on Internal Control Over Financial Reporting**

In planning and performing my audit of the financial statements, I considered Center for Independent Living of Northwest Florida, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing my opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Center for Independent Living of Northwest Florida, Inc.'s internal control. Accordingly, I do not express an opinion on the effectiveness of Center for Independent Living of Northwest Florida, Inc.'s internal control.

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

My 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 my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not been identified.

## **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Center for Independent Living of Northwest Florida, Inc.'s financial statements are free from material misstatement, I 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 financial statements. However, providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

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

*Kim K. Enikeieff*

March 17, 2023

**3**

**Council on Aging of NW Florida**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- X Submit a fully completed Agency Funding Request Application
- X Submit a copy of your organization's current W-9
- X Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- X Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- X Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

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

Agency Address: 875 Royce Street, Pensacola, FL 32503

Program Name for which funding is being requested: Aging Adult Services

Amount Requested: \$ 45,000

Program Contact: Laura M. Garrett

Contact Email: lgarrett@coawfla.org Contact Phone: (850) 432-1475

25-Word Description of Program: Through the provision of direct support services, COAWFLA assists adults age 60+ to function independently in their home environment versus premature institutionalization.

How many years has your organization been providing services in the County? 51 years

How many years has your organization received funding from the County? 51 years

Explain how receiving funds from the County would have a significant impact on your organization: Funds requested will allow the preservation of services to older adults who are high-risk assessed in danger of nursing home placement if stabilization services are not received. The \$45,000 requested is vital in acquiring and retaining more than \$405,000 in state/federal funds for direct support services

## **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$45,000

Briefly discuss how last year's funds were used? The \$45,000 received for 2022/23 was used to match \$405,000 in state/federal funds requiring a 9:1 local match. Funds provided an array of services to older adults with primary focus on Nutrition Programs. Matching funds received enabled COAWFLA to service aging adults who are functionally impaired, poverty stricken, rural, and/or have Alzheimer's Disease/dementia.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? From 1/1/22-12/31/22: 701 individuals were served 81,409 meals at Senior Dining locations, 467 received 100,794 Meals-on-Wheels, 3,947 units of Nutrition Education were distributed to 654 clients, 2,397.75 hours of case management were provided to 280 clients, 25,646.775 hours of companionship were provided to 87 clients, 63,783.25 hours of in-home services (personal care, homemaking, shopping assistance, chore, respite) were provided to 156 clients, 2,371 consumable medical supplies delivered to 172 clients, 561 consumers were screened/assessed

## **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? The proposed \$45,000 in requested funding for 2023/24 will be used as match for state/federal funds requiring a 9:1 local match. The continuation of financial support from Escambia County will enable COAWFLA to continue to provide direct support services to more than 2,000 older adults residing in Escambia County. Funds requested allow for the preservation of services to those who are high-risk assessed in danger of nursing home placement if stabilization services are not received.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: While not a government function/requirement, aging support services impact Escambia County's budget by slowing matching costs required to support Medicaid

nursing home placement. In Florida, it costs on average \$97,820 per year per person for nursing home care. For those Medicaid eligible, Florida is required to provide matching funds. It costs on average \$8,418 per year per person served under the Community Care for the Elderly program savings \$89,402 per person not placed in institutional care.

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### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: No other similar programs in the area.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. Since 1972, COAWFLA has assisted functionally impaired older adults to maintain independence. The agency's mission is "Dedicating each day to service, support and advocate for aging adults in Escambia and Santa Rosa Counties." No other non-profit in the community provides adults with services that promote independent living and reduce Medicaid supplemented nursing home care.

### **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 9.9%
- Percentage for direct programming costs: 90.1%

If Escambia County funding can only fund a portion of your request, how will you offset the difference? Partial local match may result in the reduction of state/federal funding. Each reduction severely limits the availability of services to older adults who are high-risk assessed as in danger of institutional placement. Reduction/elimination of funds may result in older adults with a documented need remaining on a wait list for services for a longer period or it may force those waiting into institutional care.

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio: Older American's Act (federal funding): 9:1

match for \$1,614,234. Community Care for Elderly (state funding): 9:1 match for \$1,399,913. Americorps Seniors 9:1 match for \$591,944 (federal) **Total minimum match needed: \$3601,609**

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. \$30,000 for the Foster Grandparent Program was requested for 2023/24 from United Way of Escambia County.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Senior Dining Participants	950	800	800	0%
2. Senior Dining Site Meals Served	80k	75k	75k	0%
3. Meals-on-Wheels Participants	350	400	400	0%
4. Meals-on-Wheels Delivered	110k	95k	95k	0%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Increase the # of older adults who gain access to balanced nutrition	+5%
2. Provide 700 Senior Dining Participants with 80,000 meals during a 12- month period	700 80,000
3. Provide 400 Meals-on-Wheels participants with 100,000 meals during a 12-month period	400 100,000

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. New participants baseline	63
2. Senior Dining participant baseline Senior Dining meal baseline	701 81,409
3. Meals-on-Wheels participant baseline Meals-on-Wheels participant baseline	402 100,794

### 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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$768,468	\$729,930	\$576,247
Programmatic Income	\$221,895	\$162,900	\$231,823
County Funding/Direct Contribution	\$44,999.70	\$45,000	\$45,000
County Funding by Other Source (a)	\$0	\$0	\$0
City Funding	\$0	\$0	\$0
Local Non-Profit Funding	\$197,763	\$137,200	\$90,688
State Funding	\$2,609,845	\$2,310,763	\$2,615,934
Federal Funding	\$3,015,899	\$3,136,280	\$3,083,288
Memberships	\$0	\$0	\$0
Investment Income	-\$22,929	\$37,000	\$25,000
Other Income (b)	\$300,748	\$274,123	\$274,230
Total Income	\$7,141,688.70	\$6,833,196	\$6,942,210

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

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Please explain by Fiscal Year any amount listed in the "Other Income" line item. [Other income includes contracts for Long Term Care Medicaid Managed Care with Humana, Sunshine Tango Health Plan, Veteran's Administration, non-recurring grant, insurance proceeds, in-kind](#) \_\_\_\_\_

(b)

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	52	53	55
Salaries and Wages	\$1,489,988	\$1,455,674	\$1,731,268
Employee Benefits	\$399,716	\$469,583	\$467,559
Professional Services	\$23,149	\$29,500	\$30,300
Contractual Services	\$3,977,525	\$3,499,635	\$3,394,118
Travel Expenses	\$28,089	\$32,084	\$38,839
Rentals and Leases	\$28,946	\$20,860	\$28,229
Communication	\$74,835	\$74,274	\$94,024
Postage and Freight	\$8,955	\$17,671	\$12,643
Repair and Maintenance	\$104,940	\$30,000	\$25,500
Printing and Binding	\$9,139	\$25,263	\$33,788
Marketing and Promotion	\$8,022	\$21,757	\$16,457
Fuel	\$3,775	\$4,000	\$3,000
Supplies	\$20,697	\$28,990	\$22,915
Event Expenses	\$48,067	\$54,400	\$43,800
Capitalizable Assets for County Funding (a)	\$85,404	\$89,711	\$86,538
Other Expenses (b)	\$1,100,099	\$979,794	\$913,232
Total Expenses	\$7,411,346	\$6,833,196	\$6,942,210
Net Income - (Revenue minus Expense)	-\$269,657.30	\$0	\$0

Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. Deprecation includes the building at 875 Royce Street, building in Century (Senior Dining Site), 1 Vans, Office Equipment, Computers. No funds are requested to support any capital expenses or purchases.

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

Other expenses: utilities, insurance, building costs, volunteer expenses, food supplies, dues/ subscriptions, bank fees, emergency aide, material aide, weatherization, vehicle maintenance & repair, records storage, in-kind, caregiver support/training expenses, daycare activities.

### **BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year?

Calendar

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements.

As the agency receives Medicaid Managed Long Term Care funds through Humana and Sunshine Tango Health Plan, the agency was required to enact a \$15 minimum wage effective 1/1/23. This caused an increase to the wages line item. As a result, the benefits package was restructured to reduce expenses. In addition, due to reduced spending in 2020/21 of unspent federal funds due to COVID, funds were allowed to be carried forward into 2022/2023 significantly increasing both the revenues expected and expenses anticipated.

The FY 2022 columns on both the Income and Expense tables do not match the 2022 Audited Financial Statements or the IRS 990 as this application was based on financial statements at 12/31/22 prior to the commencement of the audit. Auditors from Saltmarsh, Cleveland and Gund made several adjustments for reporting purposes to the audit that are also reflected on the IRS 990 they prepared. The audit was conducted in April/May of 2023 which presentation the Council on Aging of Board of Directors in June 2023.

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table

above on the bottom row. What is the planned use for these left over/residual funds? Year 2022 is based on actual financial results. The net loss is due to the timing of grants cycles at the close of the books on 12/31/22. The agency has several major state/federal grants that run on a 7/1 to 6/30 fiscal year. The carry-forward funds were added to the new contracts for 2023/24 and contract expiration dates extended as needed.

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Joshua D. Newby	President/CEO	\$124,000
Laura M. Garrett	Executive VP (CFO/COO)	\$112,060
Rosa Sakalarios	VP Human Resources	\$80,080
Jessica Ayers	Retreat Director	\$62,000
Suzanne Jackson	Social Services Director	\$62,400

Please provide the total amount of cash and investments on hand. Based on Balance Sheet from 12/31/22 - Cash Investments: \$62,446.32 and Investments: \$621,709.85

5. Does your organization charge fees for services? If so, provide a list of fees charged.

Older American's Act clients can make a voluntary donation to support the service/programs received. Senior Dining Sites have a recommended \$2 voluntary contribution. Community Care for the Elderly and Alzheimer's Disease Initiative clients are assessed a copayment (less than 3% for most) based on income. Copayment can be waived based on the individual's need, personal situation, and inability to pay. Private pay participant's pay a flat fee for home delivered meals (\$7.50 per meal) and adult day care (\$80 per day). These consumers account for approximately 2% of total participants served.

6. Does your organization require background checks from volunteers and staff? Yes

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A:

- 1. What is your agency's Strategic Plan? N/A
  
- 2. How many jobs were created this year over last year by zip code? N/A
  
- 3. What is the net cost per job created? N/A

**ADDITIONAL QUESTIONS (Economic Development)**

- 1. What was done by your agency to address the "Pockets of Poverty"? N/A
  
- 2. Did your agency receive any grants? List the amount and a detailed use of the funds.  
N/A
  
- 3. Was there any increase in membership for the local chambers? N/A
  
- 4. What are your agency's statistics on business creation and minority businesses by zip code? N/A
  
- 5. Can we reduce the taxpayer subsidy? N/A

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

Laura M. Garrett

<hr/>	
Name	
Executive VP	3/24/23
<hr/>	
Title	Date

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Council on Aging of West Florida, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-Profit 501 (c) 3</b>	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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>875 Royce Street</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Pensacola, FL 32503-2416</b>	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
5	9	-	1	3	7	3	9	3	9

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**

Signature of U.S. person ▶

*[Handwritten Signature]*

Date ▶

*3/27/23*

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

**Internal Revenue Service**

**Date:** March 20, 2007

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

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

**Person to Contact:**  
Mrs. Turner 31-07345  
Customer Service Specialist  
**Toll Free Telephone Number:**  
877-829-5500  
**Federal Identification Number:**  
59-1373939

Dear Sir or Madam:

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

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

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

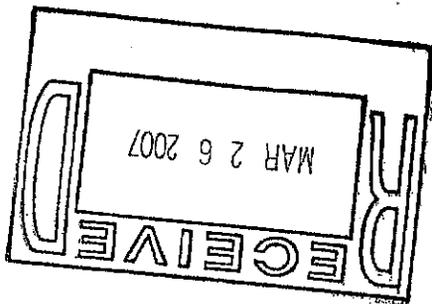
Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



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





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

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Malcolm Parker  
Marie K. Young

PRESIDENT/CEO

Josh Newby

March 27, 2023

Stephan Hall  
Financial Director  
Escambia County  
221 Palafox Place, Suite 440  
Pensacola, FL 32502

Dear Mr. Hall :

The Council on Aging of West Florida, Inc. filed for an extension of the time to file our Form 990 for 2022. This is necessary as the organization is required to have an A-133 audit performed on its financial statements prior to the filing of the 990. The agency is exempt from taxes.

Due to the timing of grant closings, the audit cannot be completed until April of each year. Thus, an extension is automatically filed.

Thank you,

Laura M. Garrett  
Executive Vice-President



Department of  
**ELDER AFFAIRS**  
STATE OF FLORIDA



Northwest Florida  
Area Agency on Aging, Inc.

"Improving the quality of life for elders"  
since 1979



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



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

<b>Notice</b>	CP211A
<b>Tax period</b>	December 31, 2022
<b>Notice date</b>	March 20, 2023
<b>Employer ID number</b>	59-1373939
<b>To contact us</b>	Phone 877-829-5500

Page 1 of 1

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COUNCIL ON AGING OF WEST FLORIDA  
INC  
PO BOX 17066  
PENSACOLA FL 32522-7066



118838

Important information about your December 31, 2022, Form 990

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

We approved the Form 8868 for your December 31, 2022, Form 990, Return of Organization Exempt From Income Tax. Your new due date is November 15, 2023.

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### What you need to do

File your December 31, 2022, Form 990 by November 15, 2023. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

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### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).
- Find tax forms or publications by visiting [www.irs.gov/forms](http://www.irs.gov/forms) or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

Extended to November 15, 2023

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

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

**D** Employer identification number: **59-1373939**

**E** Telephone number: **(850) 432-1475**

**F** Name and address of principal officer: **JOSH NEWBY**  
**same as C above**

**G** Gross receipts \$: **7,351,411.**

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

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

**J** Website: **www.coawfla.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1972** **M** State of legal domicile: **FL**

**H(c)** Group exemption number \_\_\_\_\_

Part I Summary		L Year of formation: 1972		M State of legal domicile: FL	
<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Dedicating each day to serve, support, and advocate for aging adults in Escambia and Santa Rosa</b>					
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>		
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>62</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1028</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>		
			<b>Prior Year</b>	<b>Current Year</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>5,196,250.</b>	<b>6,544,580.</b>		
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>385,758.</b>	<b>529,242.</b>		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>128,643.</b>	<b>11,160.</b>		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>60,494.</b>	<b>2,929.</b>		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,771,145.</b>	<b>7,087,911.</b>		
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,803,627.</b>	<b>1,848,809.</b>		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>274,940.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,193,330.</b>	<b>5,310,203.</b>		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,996,957.</b>	<b>7,159,012.</b>			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-225,812.</b>	<b>-71,101.</b>			
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>		
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,501,377.</b>	<b>2,383,448.</b>		
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,230,844.</b>	<b>1,306,346.</b>		
		<b>1,270,533.</b>	<b>1,077,102.</b>		

## 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: *Josh Newby* Date: **6-5-23**  
 JOSH NEWBY, President/CEO  
 Type or print name and title

**Preparer**  
 Print/Type preparer's name: **Molly Murphy, CPA** Preparer's signature: *Molly Murphy, CPA* Date: **05/30/23** Check  self-employed PTIN: **P00985783**  
 Firm's name: **Saltmarsh, Cleaveland and Gund** Firm's EIN: **59-2922169**  
 Firm's address: **900 North 12th Avenue**  
**Pensacola, FL 32501** Phone no. **850-435-8300**

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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Dedicating each day to serve, support and advocate for aging adults in Escambia and Santa Rosa Counties.

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 \$ 1,312,427. including grants of \$ ) (Revenue \$ 0.)
In-Home Respite - Provides the primary caregiver relief for a specified time period from the constant, continued care of a functionally impaired older person in the home environment.

4b (Code: ) (Expenses \$ 861,979. including grants of \$ ) (Revenue \$ 27,862.)
Congregate Meals - A neighborhood based program which offers the opportunity for active adults to share their noon meal with others their age and to participate in recreational activities, nutrition education, arts and crafts, and other social activities.

4c (Code: ) (Expenses \$ 626,511. including grants of \$ ) (Revenue \$ 152,002.)
Home Delivered Meals - Nutritionally balanced meals delivered to homebound individuals Monday through Friday from 10:30 a.m. to 1:30 p.m.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 3,834,414. including grants of \$ ) (Revenue \$ 366,057.)

4e Total program service expenses 6,635,331.

**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> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> 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> .....		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		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> .....		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> .....		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> .....		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> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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> .....	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> .....	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> .....		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> .....		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> .....	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> .....		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> .....	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> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		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> .....		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> .....		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> .....		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> .....	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> .....		X
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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 <b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		62
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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 on Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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 on 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
<b>1a</b>	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 on Schedule O.		
	20		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	20		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
Laura Garrett - (850)432-1475  
875 Royce Street, Pensacola, FL 32503

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

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

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

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

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

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Josh Newby CEO/President	40.00			X				122,874.	0.	13,445.
(2) Laura Garrett Executive Vice President	40.00			X				115,336.	0.	14,247.
(3) Malcom Ballinger Chairperson	1.00	X	X					0.	0.	0.
(4) Sean P. Magerkorth First Vice Chairperson	1.00	X	X					0.	0.	0.
(5) Rabbi Joel Fleekop Second Vice Chairperson	1.00	X	X					0.	0.	0.
(6) Lois B. Lepp Immediate past chair	1.00	X	X					0.	0.	0.
(7) P.C. Wu Secretary	1.00	X	X					0.	0.	0.
(8) Jan M. Pacenta Treasurer	1.00	X	X					0.	0.	0.
(9) Marcella Beaden Member	1.00	X						0.	0.	0.
(10) Dawn Bond Member	1.00	X						0.	0.	0.
(11) Deborah J. Corbin Member	1.00	X						0.	0.	0.
(12) Sonya Daniel Member	1.00	X						0.	0.	0.
(13) Pete Doyle Member	1.00	X						0.	0.	0.
(14) Brandi Gomez Member	1.00	X						0.	0.	0.
(15) Rodney Guttman Member	1.00	X						0.	0.	0.
(16) Mary E. Hoxeng Member	1.00	X						0.	0.	0.
(17) Dr. Donna Jacobi Member	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Comm. Lumon May Member	1.00	X						0.	0.	0.
(19) Charlie Nichols Member	1.00	X						0.	0.	0.
(20) Crystal Scott Member	1.00	X						0.	0.	0.
(21) Caron Sjoberg Member	1.00	X						0.	0.	0.
(22) Sue Straughn Member	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								238,210.	0.	27,692.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								238,210.	0.	27,692.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRIO Community Meals P.O. Box 742992, Atlanta, GA 30374-2992	Meals	952,020.
Carestaff 2160 Creighton Rd., Pensacola, FL 34684	In-Home Services	760,776.
TLC Caregivers, 4400 Bayou Blvd. Suite 9, Pensacola, FL 32503	In-Home Services	649,985.
Phenomenal Love & Care Services LLC 6202 N 9th Avenue #3, Pensacola, FL 32504	In-Home Services	354,196.
HDIS, 9385 Dielman Industrial Dr., Olivette, MO 63132	In-Home Services	241,034.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	91,613.				
	b	Membership dues					
	c	Fundraising events	55,537.				
	d	Related organizations					
	e	Government grants (contributions)	5,758,148.				
	f	All other contributions, gifts, grants, and similar amounts not included above	639,282.				
	g	Noncash contributions included in lines 1a-1f	\$ 158,305.				
	h	<b>Total.</b> Add lines 1a-1f		6,544,580.			
Program Service Revenue	2 a	Contracts	900099 307,198.	307,198.			
	b	Private Pay/Fee for Service	900099 187,767.	187,767.			
	c	Co-Pay/Assessed Fees/P	900099 34,127.	34,127.			
	d	Daycare Activities Rev	900099 150.	150.			
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		529,242.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		34,189.		34,189.	
	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	100,983.	81,295.		
			(ii) Other				
	b	Less: cost or other basis and sales expenses	139,097.	66,210.			
	c	Gain or (loss)	-38,114.	15,085.			
	d	Net gain or (loss)		-23,029.		-23,029.	
8 a	Gross income from fundraising events (not including \$ 55,537. of contributions reported on line 1c). See Part IV, line 18						
		8a	34,725.				
b	Less: direct expenses	8b	58,193.				
c	Net income or (loss) from fundraising events		-23,468.		-23,468.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Miscellaneous Income	900099 26,397.	26,397.			
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		26,397.			
12	<b>Total revenue.</b> See instructions		7,087,911.	555,639.	0.	-12,308.	

**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	238,210.	135,781.	88,137.	14,292.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,243,231.	697,587.	464,948.	80,696.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,377.	39,597.	26,284.	4,496.
9 Other employee benefits	69,318.	39,001.	25,888.	4,429.
10 Payroll taxes	227,673.	128,099.	85,030.	14,544.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	40,248.	1,608.	38,640.	
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.)	1,675.	67.	1,608.	
12 Advertising and promotion				
13 Office expenses	126,436.	66,898.	36,158.	23,380.
14 Information technology	1,112.	533.	349.	230.
15 Royalties				
16 Occupancy	68,683.	42,847.	22,702.	3,134.
17 Travel	28,089.	20,601.	5,753.	1,735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	26,254.		26,254.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,899.		84,899.	
23 Insurance	52,339.	29,270.	20,297.	2,772.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>Subcontractor Expense</b>	3,977,527.	3,977,527.		
b <b>Volunteer Expense</b>	367,451.	367,451.		
c <b>Other expenses</b>	237,223.	152,487.	42,543.	42,193.
d <b>Program Supplies</b>	170,051.	133,128.	30,293.	6,630.
e All other expenses	128,216.	802,849.	-751,042.	76,409.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,159,012.	6,635,331.	248,741.	274,940.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	171,287.	<b>1</b>	152,136.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	785,118.	<b>4</b>	1,013,881.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5,491.	<b>9</b>	17,088.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,557,163.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 983,578.	680,837.	<b>10c</b> 573,585.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	853,596.	<b>12</b>	621,710.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,048.	<b>15</b>	5,048.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,501,377.	<b>16</b>	2,383,448.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	643,058.	<b>17</b>	784,329.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	505,557.	<b>23</b>	492,284.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	55,258.	<b>24</b>	0.
	<b>25</b> 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 .....	26,971.	<b>25</b>	29,733.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,230,844.	<b>26</b>	1,306,346.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,270,533.	<b>27</b>	1,077,102.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	1,270,533.	<b>32</b>	1,077,102.	
<b>33</b> Total liabilities and net assets/fund balances .....	2,501,377.	<b>33</b>	2,383,448.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,087,911.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,159,012.
3	Revenue less expenses. Subtract line 2 from line 1	3	-71,101.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,270,533.
5	Net unrealized gains (losses) on investments	5	-122,330.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,077,102.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 on Schedule O and describe any steps taken to undergo such audits _____	X	

**SCHEDULE A**  
**(Form 990)**

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

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

**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).)
- 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 on 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		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5673780.	6028972.	6084656.	5370646.	7045111.	30203165.
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 <b>Total.</b> Add lines 1 through 3	5673780.	6028972.	6084656.	5370646.	7045111.	30203165.
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 <b>Public support.</b> Subtract line 5 from line 4.						30203165.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5673780.	6028972.	6084656.	5370646.	7045111.	30203165.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,419.	42,131.	41,703.	96,308.	34,189.	287,750.
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.)	3,179.	17,126.	12,885.	32,778.	26,397.	92,365.
11 <b>Total support.</b> Add lines 7 through 10						30583280.
12 Gross receipts from related activities, etc. (see Instructions)					12	
13 <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.76	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.69	%
16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on 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>		
c Did a disqualified person (as defined on 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>		
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 line 10b 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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?		
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>		
3 By reason of the relationship described on line 2, above, 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>		

**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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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 (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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Council on Aging of West Florida, Inc.

Employer identification number

59-1373939

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Corporation for National and Community Service <hr/> 1201 New York Avenue, NW <hr/> Washington, DC 20525	\$ 500,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. Department of Health and Human Services <hr/> 200 Independence Avenue, S.W. <hr/> Washington, DC 20201	\$ 2,256,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. Department of Housing and Urban Development <hr/> 451 7th Street S.W. <hr/> Washington, DC 20410	\$ 312,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Florida Department of Elder Affairs <hr/> 4040 Esplanade Way <hr/> Tallahassee, FL 32399	\$ 2,609,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

**59-1373939**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Council on Aging of West Florida, Inc.

Employer identification number

59-1373939

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB 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., 1b If the organization elected, as permitted under FASB 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 FASB 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 make 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 program
- 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
1c	
1d	
1e	
1f	

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

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 Term endowment \_\_\_\_\_ %

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

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

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
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		42,197.		42,197.
b Buildings		1,340,833.	857,570.	483,263.
c Leasehold improvements				
d Equipment		46,825.	33,066.	13,759.
e Other		127,308.	92,942.	34,366.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				573,585.

**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>Investments</b>	621,710.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	621,710.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>Deposits</b>	29,733.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,733.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...





**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))
		Rat Pack Reunion		None	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	90,262.			90,262.
2	Less: Contributions	55,537.			55,537.
3	Gross income (line 1 minus line 2)	34,725.			34,725.
<b>Direct Expenses</b>					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	36,907.			36,907.
7	Food and beverages				
8	Entertainment	6,300.			6,300.
9	Other direct expenses	14,986.			14,986.
10	Direct expense summary. Add lines 4 through 9 in column (d)				58,193.
11	Net income summary. Subtract line 10 from line 3, column (d)				-23,468.

**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))
1	Gross revenue				
<b>Direct Expenses</b>					
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: \_\_\_\_\_  
 \_\_\_\_\_







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

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Malcolm Ballinger	Member of the Board	7,760.	The Organiz		X

**Part V Supplemental Information.**

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

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

(a) Name of Person: Malcolm Ballinger

(b) Relationship Between Interested Person and Organization:

Member of the Board of Directors

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

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

Employer identification number

**59-1373939**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>General</u> )	X	6,833	148,023.	Quoted prices
26 Other ( <u>Meals</u> )	X	3,078	10,282.	Purchase price from
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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022



**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

Name of the organization

Council on Aging of West Florida, Inc.

Employer identification number  
59-1373939

Form 990, Part I, Line 1, Description of Organization Mission:

Counties.

Form 990, Part III, Line 4d, Other Program Services:

Senior Companions - A part of Senior Corps, a network of the national service programs that matches volunteers with their homebound peers with special needs. Senior Companions assist with running errands, preparing meals, writing letters, and other daily tasks.

Expenses \$ 317,929. including grants of \$ 0. Revenue \$ 22,328.

Adult Day Care - Provides respite for caregivers while at the same time preventing premature long-term care facility admission for individuals who cannot be left alone during the day. This program includes meals, activities, supervision by a RN or LPN and assistance with some activities of daily living.

Expenses \$ 503,373. including grants of \$ 0. Revenue \$ 248,408.

Other Community Service Programs (Nutrition Education, Outreach, Recreation, Senior Farmers Market Nutrition, and Transportation)

Expenses \$ 148,987. including grants of \$ 0. Revenue \$ 0.

Social Service Programs - An in-depth program which identifies problems for the elderly and develops solutions to those problems. Case management (CM), case aide (CA), and screening/assessment (SA) are just a few of the services offered.

Expenses \$ 602,282. including grants of \$ 0. Revenue \$ 55,825.

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

Schedule O (Form 990) 2022

Name of the organization

Council on Aging of West Florida, Inc.

Employer identification number

59-1373939

Home Services ProgramsExpenses \$ 1,753,164. including grants of \$ 0. Revenue \$ 0.Senior Companions - Relief - Provides relief to caregivers by offering short-term, temporary respite care and companionship to homebound individuals.Expenses \$ 53,680. including grants of \$ 0. Revenue \$ 0.Foster Grandparents - A part of Senior Corp, a network of national services programs that unite eligible adults with at-risk children at sites such as schools, hospitals, detention centers, and daycare centers.Expenses \$ 454,999. including grants of \$ 0. Revenue \$ 39,496.Form 990, Part VI, Section B, line 11b:When completed by the CPA firm, the 990 will be e-mailed to all board members. In addition, the Agency's Audit Committee will receive an in-depth review and present the governing Board of Directors with a summary overview of the 990.Form 990, Part VI, Section B, Line 12c:All new and returning board members sign a conflict of interest form indicating that they have read and understand the agency's conflict of interest policy. The policy is also reviewed with all staff and is stated in the agency's General Personnel Policies and Procedures manual.Form 990, Part VI, Section B, Line 15:

Name of the organization

Council on Aging of West Florida, Inc.

Employer identification number

59-1373939

The agency periodically conducts salary and compensation reviews for its various positions within the agency, including CEO, by contacting similar agencies within the state and by reviewing state and federal data on similar positions. Copies of these reviews are available for review in the agency's personnel department. Any raise for the CEO is determined by the agency's Executive Compensation Committee based on job performance and the result of these surveys.

Form 990, Part VI, Section C, Line 18:

Items are available in PDF format on the agency's website at [www.coawfla.org](http://www.coawfla.org) for public review.

Form 990, Part VI, Section C, Line 19:

Items are available in PDF format on the agency's website at [www.coawfla.org](http://www.coawfla.org) for public review.





**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.

**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

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

**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	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X





# Saltmarsh

Saltmarsh, Cleaveland & Gund

*CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS*

**COUNCIL ON AGING OF WEST FLORIDA, INC.**

**PENSACOLA, FLORIDA**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2022 AND 2021**

**COUNCIL ON AGING OF WEST FLORIDA, INC.**

**PENSACOLA, FLORIDA**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2022 AND 2021**

**CONTENTS**

	PAGE
Independent Auditor's Report	1
<b>Audited Financial Statements:</b>	
Statements of Financial Position	4
Statements of Activities and Changes in Net Assets	5
Statements of Functional Expenses	6
Statements of Cash Flows	8
Notes to Financial Statements	9
<b>Supplementary Information:</b>	
Combining Schedule of Functional Expenses	20
<b>Other Reports and Schedules:</b>	
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	25
Independent Auditor's Report on Compliance for Each Major Program and State Project and on Internal Control Over Compliance required by the Uniform Guidance and Chapter 10.650, Rules of the Auditor General	27
Schedule of Expenditures of Federal Awards	29
Schedule of Expenditures of State Financial Assistance	30
Schedule of Findings and Questioned Costs	31

## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Council on Aging of West Florida, Inc.  
Pensacola, Florida

### Opinion

We have audited the accompanying financial statements of the Council on Aging of West Florida, Inc., (the "Council") (a nonprofit organization), which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Council as of December 31, 2022 and 2021, 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.

### Basis for Opinion

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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Council and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### Responsibilities of Management 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Council's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Council's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Council's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### **Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and Chapter 10.650, Rules of the Auditor General, are presented for purposes of additional analysis and also are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated June 1, 2023, on our consideration of the Council'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 solely 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 Council's 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 Council's internal control over financial reporting and compliance.



Pensacola, Florida  
June 1, 2023

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**DECEMBER 31, 2022 AND 2021**

**ASSETS**

	2022	2021
<b>Current Assets:</b>		
Cash and cash equivalents	\$ 152,136	\$ 171,287
Investments	621,710	853,596
Grants, contracts and local support receivable	1,013,881	785,118
Prepaid expenses	17,088	5,491
Total current assets	1,804,815	1,815,492
 <b>Property and Equipment, net</b>	 573,585	 680,837
 <b>Other Assets</b>	 5,048	 5,048
 <b>Total Assets</b>	 \$ 2,383,448	 \$ 2,501,377

**LIABILITIES AND NET ASSETS**

<b>Current Liabilities:</b>		
Current portion of long-term debt	\$ 16,179	\$ 16,179
Borrowings under line of credit	-	55,258
Accounts payable	738,328	562,019
Accrued expenses	46,001	81,039
Deposits	29,733	26,971
Total current liabilities	830,241	741,466
 <b>Other Liabilities:</b>		
Long-term debt, less current portion	476,105	489,378
 <b>Total Liabilities</b>	 1,306,346	 1,230,844
 <b>Net Assets Without Donor Restrictions</b>	 1,077,102	 1,270,533
 <b>Total Liabilities and Net Assets</b>	 \$ 2,383,448	 \$ 2,501,377

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

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
<b>Public Support, Gains, and Revenue:</b>		
Public support:		
Grants	\$ 5,678,567	\$ 4,287,011
Contracts	307,198	226,250
Local support	237,694	229,364
Contributions of nonfinancial assets	204,968	212,148
Total public support	6,428,427	4,954,773
Gains and revenue:		
Project income	221,894	158,818
Contributions and fundraising	417,461	304,458
Special events, less costs of direct benefits to donors of \$58,193 and \$13,204 in 2022 and 2021, respectively	32,069	208,779
Net investment return	(126,647)	140,235
Gain on sale of building	15,085	-
Miscellaneous income	23,956	33,742
Total gains and revenue	583,818	846,032
 Total public support, gains, and revenue	 7,012,245	 5,800,805
<b>Expenses:</b>		
Direct program services:		
Non-DOEA programs	906,137	904,697
Community service programs	2,073,915	1,856,454
Social services programs	625,468	499,841
Home service programs	3,065,591	2,194,190
Total direct program services	6,671,111	5,455,182
Support services:		
Management and general	257,671	355,555
Fundraising	276,894	205,164
Total support services	534,565	560,719
 Total expenses	 7,205,676	 6,015,901
 <b>Change in Net Assets</b>	 (193,431)	 (215,096)
<b>Net Assets:</b>		
Beginning of year	1,270,533	1,485,629
End of year	\$ 1,077,102	\$ 1,270,533

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

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED DECEMBER 31, 2022**

	Direct Program Services				Total Program Expenses	Support Services		2022 Total Expenses
	Non- DOEA Programs	Community Service Programs	Social Services Programs	Home Service Programs		Management and General	Fundraising	
Wages	\$ 127,095	\$ 464,167	\$ 223,801	\$ 18,305	\$ 833,368	\$ 553,085	\$ 94,988	\$ 1,481,441
Employee leasing and benefits	24,072	108,926	67,100	6,599	206,697	137,201	23,470	367,368
Travel	3,103	9,608	7,560	330	20,601	5,753	1,735	28,089
Education and training	1,946	1,208	891	191	4,236	1,071	551	5,858
Communications/postage	6,912	22,294	9,915	1,039	40,160	26,331	17,300	83,791
Utilities	3,358	18,461	3,516	605	25,940	11,941	1,856	39,737
Printing/supplies	2,349	6,731	1,556	105	10,741	4,782	2,567	18,090
Insurance and licenses	5,525	16,398	6,464	883	29,270	20,297	2,772	52,339
Maintenance and repair	1,689	22,788	180	19	24,676	80,204	60	104,940
Building costs	2,319	11,712	2,452	424	16,907	10,761	1,278	28,946
Purchased equipment	5,669	6,995	2,669	279	15,612	6,575	963	23,150
Professional, legal and accounting	-	1,675	-	-	1,675	40,248	-	41,923
Volunteer expenses	366,385	670	-	397	367,452	-	-	367,452
Sub-contractors	53,636	990,218	-	2,933,673	3,977,527	-	-	3,977,527
Program supplies	1,081	10,665	-	-	11,746	-	-	11,746
Depreciation	-	-	-	-	-	82,089	-	82,089
Interest expense	-	-	-	-	-	26,254	-	26,254
In-kind expenses	50,194	5,124	101,843	-	157,161	39,223	8,584	204,968
Other expenses	5,906	65,262	84,131	9,852	165,151	49,120	45,697	259,968
<b>Totals</b>	<b>661,239</b>	<b>1,762,902</b>	<b>512,078</b>	<b>2,972,701</b>	<b>5,908,920</b>	<b>1,094,935</b>	<b>201,821</b>	<b>7,205,676</b>
<b>Allocation of Management and General Expenses</b>	<b>232,942</b>	<b>277,847</b>	<b>100,855</b>	<b>90,906</b>	<b>702,550</b>	<b>(770,986)</b>	<b>68,436</b>	<b>-</b>
<b>Allocation of Facilities and Maintenance Expenses</b>	<b>11,956</b>	<b>33,166</b>	<b>12,535</b>	<b>1,984</b>	<b>59,641</b>	<b>(66,278)</b>	<b>6,637</b>	<b>-</b>
<b>Total Expenses</b>	<b>\$ 906,137</b>	<b>\$ 2,073,915</b>	<b>\$ 625,468</b>	<b>\$ 3,065,591</b>	<b>\$ 6,671,111</b>	<b>\$ 257,671</b>	<b>\$ 276,894</b>	<b>\$ 7,205,676</b>

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

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED DECEMBER 31, 2021**

	Direct Program Services				Total Program Expenses	Support Services		2021 Total Expenses
	Non- DOEA Programs	Community Service Programs	Social Services Programs	Home Service Programs		Management and General	Fundraising	
Wages	\$ 126,063	\$ 451,907	\$ 186,053	\$ 34,100	\$ 798,123	\$ 550,317	\$ 68,991	\$ 1,417,431
Employee leasing and benefits	38,682	105,452	60,183	10,606	214,923	153,064	18,209	386,196
Travel	1,335	12,188	2,468	1,481	17,472	1,250	1,642	20,364
Education and training	858	282	502	-	1,642	521	1,390	3,553
Communications/postage	7,860	28,029	9,323	1,786	46,998	34,215	7,468	88,681
Utilities	2,586	17,673	2,678	989	23,926	9,186	1,428	34,540
Printing/supplies	1,865	3,287	1,852	81	7,085	3,273	3,137	13,495
Insurance and licenses	4,702	14,754	5,176	1,573	26,205	22,017	2,431	50,653
Maintenance and repair	968	10,717	152	30	11,867	15,461	57	27,385
Building costs	2,573	14,441	2,677	977	20,668	11,574	1,419	33,661
Purchased equipment	2,621	7,744	2,963	439	13,767	7,295	821	21,883
Professional, legal and accounting	69	1,547	50	10	1,676	38,430	48	40,154
Volunteer expenses	404,758	530	-	533	405,821	-	140	405,961
Sub-contractors	39,621	815,196	-	2,041,937	2,896,754	-	-	2,896,754
Program supplies	1,266	7,057	59	-	8,382	-	-	8,382
Depreciation	-	-	-	-	-	90,342	-	90,342
Interest expense	-	-	-	-	-	18,072	-	18,072
In-kind expenses	28,305	770	47,786	-	76,861	119,521	15,766	212,148
Other expenses	13,458	40,430	80,925	18,342	153,155	85,361	7,230	245,746
<b>Totals</b>	<b>677,590</b>	<b>1,532,004</b>	<b>402,847</b>	<b>2,112,884</b>	<b>4,725,325</b>	<b>1,160,399</b>	<b>130,177</b>	<b>6,015,901</b>
<b>Allocation of Management and General Expenses</b>	<b>219,500</b>	<b>304,924</b>	<b>89,110</b>	<b>78,380</b>	<b>691,914</b>	<b>(762,678)</b>	<b>70,764</b>	<b>-</b>
<b>Allocation of Facilities and Maintenance Expenses</b>	<b>7,607</b>	<b>19,526</b>	<b>7,884</b>	<b>2,926</b>	<b>37,943</b>	<b>(42,166)</b>	<b>4,223</b>	<b>-</b>
<b>Total Expenses</b>	<b>\$ 904,697</b>	<b>\$ 1,856,454</b>	<b>\$ 499,841</b>	<b>\$ 2,194,190</b>	<b>\$ 5,455,182</b>	<b>\$ 355,555</b>	<b>\$ 205,164</b>	<b>\$ 6,015,901</b>

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

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
<b>Cash Flows From Operating Activities:</b>		
Change in net assets	\$ (193,431)	\$ (215,096)
Adjustments to reconcile change in net assets to net cash used in operating activities -		
Depreciation	82,089	90,342
Amortization	2,810	4,627
Realized (gain) loss on investments	38,114	(33,211)
Unrealized (gain) loss on investments	122,330	(10,716)
Realized (gain) loss on sales of property	(15,085)	876
Changes in -		
Grants, contracts and local support receivable	(228,763)	(119,739)
Prepaid expenses	(11,597)	1,878
Accounts payable	176,309	39,754
Accrued expenses	(35,038)	(79,930)
Deposits	2,762	556
Amount due to grantor agency	-	(10,000)
Net cash used in operating activities	(59,500)	(330,659)
<b>Cash Flows From Investing Activities:</b>		
Proceeds from sales and maturities of investments	100,983	93,168
Purchase of investments	(29,541)	(91,429)
Proceeds from sales of property and equipment	81,295	8,000
Purchase of property and equipment	(41,047)	(65,035)
Net cash provided by (used in) investing activities	111,690	(55,296)
<b>Cash Flows From Financing Activities:</b>		
Borrowings under line of credit	-	55,258
Repayments on line of credit	(55,258)	-
Proceeds from refinance of long-term debt	-	95,008
Principal payments on long-term debt	(16,083)	(14,874)
Net cash provided by (used in) financing activities	(71,341)	135,392
<b>Net Change in Cash and Cash Equivalents</b>	(19,151)	(250,563)
<b>Cash and Cash Equivalents at Beginning of Year</b>	171,287	421,850
<b>Cash and Cash Equivalents at End of Year</b>	\$ 152,136	\$ 171,287
<b>Supplemental Disclosure of Cash Flow Information:</b>		
Interest paid	\$ 23,444	\$ 17,838
<b>Supplemental Disclosure of Non-Cash Financing Activities:</b>		
Capitalized loan costs	\$ -	\$ 14,049
Refinancing of long-term debt	\$ -	\$ 410,942

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

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Organization and Purpose:*

The Council on Aging of West Florida, Inc., (the “Council”) was incorporated as a Florida not-for-profit corporation in 1972. The Corporation has no paid-in capital or shareholders and the affairs are conducted by the Board of Directors as elected by the general membership of the corporation.

The Council’s primary purpose is to assist, encourage and promote the well-being of aging individuals in Escambia County and Santa Rosa County. The Council is funded by grants and contracts with the Northwest Florida Area Agency on Aging, Inc., the State of Florida, Department of Elder Affairs (“DOEA”), Department of Children and Families, the Corporation for National Community Service, the United Way of West Florida. The Council also receives local financial support from Escambia County, church groups, civic clubs, program participants, foundations and individuals.

*Basis of Presentation:*

The accompanying financial statements of the Council, which are presented on the accrual basis of accounting, have been prepared to focus on the Council as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions.

Federal, state and local amounts received by the Council in advance of the incurrence of allowable costs or performance of services are recorded as refundable advances until such allowable costs are incurred or services are rendered.

Contributions are recognized when a donor makes an unconditional promise to give to the Council. Contributions that are restricted by a donor are reported as increases in net assets with donor restrictions. When a time restriction expires or a purpose restriction is met, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Net assets without donor restrictions represent resources generated from operations, donations without donor restrictions, and lapse of time or purpose restrictions and are not subject to donor-imposed stipulations.

*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.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Cash and Cash Equivalents:*

Cash and cash equivalents include all highly-liquid investments purchased with an original maturity of ninety days or less.

*Investments:*

Authorized investments consist of mutual funds carried at fair value based on quoted market prices. Unrealized gains and losses are included in the change in net assets in the accompanying statements of activities and changes in net assets.

*Grants, Contracts and Local Support Receivable:*

Grants, contracts and local support receivable are stated at the amount management expects to collect from outstanding balances, net of allowance for doubtful accounts when applicable.

*Property and Equipment:*

Property and equipment are recorded at cost. Donated property and equipment are recorded at their estimated market value on the date of contribution. Expenditures which equal or exceed \$1,000 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 - 30 years
Furniture, fixtures and equipment	5 - 10 years
Vehicles	5 years

*Debt Issuance Costs:*

Debt issuance costs are presented as a reduction of the carrying amount of debt and are amortized over the term of the debt using the straight-line method. Amortization of debt issuance costs are reported as interest expense in the statements of activities and changes in net assets.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Public Support:*

Public support 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, and if the examination results in a deficiency of allowable expenses, the Council will be required to refund any deficiencies.

*Income Taxes:*

The Council is exempt from federal income taxes under Internal Revenue Service Code Section 501(c)(3). As a result, there is no provision for taxes in the accompanying financial statements.

*Advertising Costs:*

Advertising costs are expensed when incurred.

*Contributions of Nonfinancial Assets:*

The Council records various types of contributed nonfinancial assets. Contributed professional services are recognized if the services received create or enhance long-lived assets or require specialized skills and are provided by individuals possessing those skills, and would typically need to be purchased if the services were not provided by donation. Contributions of tangible assets are recognized at fair market value when received. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor and are treated as in-kind support for purposes of meeting state matching requirements. The amounts reported in the accompanying financial statements as contributed nonfinancial assets are offset by like amounts included in expenses.

*General and Administration Expense Allocation:*

Management and general expenses are allocated to various programs based on each program's percentage of direct salaries and wages to total direct salaries and wages.

*Facilities Repair and Maintenance Expense Allocation:*

Facilities repair and maintenance expenses are allocated to various programs based on each program's percentage of square footage occupied to total square footage of the facility.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Recent Accounting Pronouncements:*

In February 2016, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update No. 2016-02, *Leases (Topic 842)*. The guidance in this topic supersedes the requirements in Accounting Standards Codification Topic 840, *Leases*. With the exception of short-term leases, the updated guidance requires lessees to recognize a lease liability representing the lessee’s obligation to make lease payments arising from a lease, measured on a discounted basis, and a right-of-use asset representing the lessee’s right to use, or control the use of, a specified asset for the lease term upon adoption. Lessor accounting was largely unchanged under the new guidance, except for clarification of the definition of initial direct costs which provided additional guidance on the timing of recognition of those costs. Subsequent to the issuance of this update, the FASB issued three additional ASUs that provide codification improvements and certain transition elections. The Council adopted the standard effective January 1, 2022; however, the Council has no leases that fall under this guidance and thus no new lease disclosures were required.

*Reclassifications:*

Certain accounts in the 2021 financial statements have been reclassified for comparative purposes to conform with the presentation in the 2022 financial statements.

*Subsequent Events:*

Management has evaluated subsequent events through June 1, 2023, which is the date the financial statements were available to be issued.

**NOTE 2 - INVESTMENTS**

Investments held at December 31, 2022 and 2021 are listed below:

	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Carrying Value
December 31, 2022				
Mutual funds	\$ 639,676	\$ -	\$ (17,966)	\$ 621,710
December 31, 2021				
Mutual funds	\$ 749,232	\$ 104,364	\$ -	\$ 853,596

At December 31, 2022 and 2021, no mutual funds were in an unrealized loss position for more than twelve months.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 2 - INVESTMENTS (Continued)**

Investment return for the years ended December 31, 2022 and 2021 are summarized as follows:

	2022	2021
Interest and dividends	\$ 33,797	\$ 96,308
Realized gain (loss)	(38,114)	33,211
Unrealized gain (loss)	(122,330)	10,716
Net investment return	\$ (126,647)	\$ 140,235

**NOTE 3 - FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements*, defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The guidance establishes a fair value hierarchy about the assumptions used to measure fair value and clarifies assumptions about risk and the effect of a restriction on the sale or use of an asset.

ASC 820 defines fair value 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 asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Three levels of inputs may be used to measure fair value:

Level 1: Observable inputs such as quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity’s own assumptions about the assumptions that market participants would use in pricing an asset or liability.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)**

The following table presents the assets carried at fair value as of December 31, 2022 and 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2022				
Mutual funds	<u>\$ 621,710</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 621,710</u>
December 31, 2021				
Mutual funds	<u>\$ 853,596</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 853,596</u>

Following is a description of the valuation methodologies used for financial instruments measured at fair value:

Mutual funds - Assets are classified as Level 1 as they are traded in an active market for which closing prices are readily available.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Council believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**NOTE 4 - GRANTS, CONTRACTS AND LOCAL SUPPORT RECEIVABLE**

Grants, contracts and local support receivable consists of the following:

	<u>2022</u>	<u>2021</u>
Federal grants	\$ 453,232	\$ 445,474
State grants	436,733	258,284
Contracts	90,585	42,883
Local support	33,264	9,427
Other	<u>67</u>	<u>29,050</u>
Total	<u>\$ 1,013,881</u>	<u>\$ 785,118</u>

**COUNCIL ON AGING OF WEST FLORIDA, INC.  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 5 - PROPERTY AND EQUIPMENT**

Property and equipment consists of the following:

	<u>2022</u>	<u>2021</u>
Land	\$ 42,197	\$ 47,197
Buildings and improvements	1,340,833	1,538,067
Vehicles	50,370	74,783
Equipment - general	20,543	21,110
Equipment - computers	26,282	58,683
Furniture and fixtures	76,938	64,419
	<u>1,557,163</u>	<u>1,804,259</u>
Accumulated depreciation	<u>(983,578)</u>	<u>(1,123,422)</u>
Total	<u>\$ 573,585</u>	<u>\$ 680,837</u>

Depreciation expense was \$82,089 and \$90,342 for the years ended December 31, 2022 and 2021, respectively.

**NOTE 6 - LINE OF CREDIT**

The Council has a line of credit with varying credit limits available with a financial institution which has no stated expiration date, carries an agreed interest rate of 1% over the financial institution's prime rate (5.4% at December 31, 2022), and is secured by deposits held at the financial institution. There were no outstanding borrowings under the line of credit as of December 31, 2022. Borrowings under the line of credit total \$55,528 as of December 31, 2021.

**COUNCIL ON AGING OF WEST FLORIDA, INC.  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 7 - LONG-TERM DEBT**

Long-term debt consists of the following:

	2022	2021
Note payable to bank, due in monthly installments, including interest at 4.79%, through November 2026, secured by property and building	\$ 503,289	\$ 519,372
Less unamortized debt issuance costs	11,005	13,815
Long-term debt, less unamortized debt issuance costs	492,284	505,557
Less current portion	16,179	16,179
	\$ 476,105	\$ 489,378

Interest expense for the years ended December 31, 2022 and 2021 was \$26,254 and \$18,072, respectively.

Scheduled maturities on long-term debt are as follows:

2023	\$ 16,179
2024	17,740
2025	18,676
2026	450,694
	\$ 503,289

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 8 - SIMPLIFIED EMPLOYEE PENSION PLAN**

The Council has established a Simplified Employee Pension Plan (“SEP”) covering all employees who have been employed for a specific length of continuous service. The Council contributes 6% of the employee’s salary to the SEP. The Council’s contributions to the SEP for the years ended December 31, 2022 and 2021 were \$70,377 and \$81,433, respectively.

**NOTE 9 - COMMITMENTS AND CONTINGENCIES**

*Dependency on Government Support:*

The Council’s services are funded primarily with grants from the United States Department of Health and Human Services and the State of Florida passed through the DOEA and the Northwest Florida Area Agency on Aging. A reduction in the level of future support from these agencies could have a substantial effect on the Council’s programs and activities. As of December 31, 2022, management is unaware of any such reduction in future support.

*Depository Risk:*

The Council maintains cash balances with a financial institution and a brokerage firm. Demand deposit accounts are insured by the Federal Deposit Insurance Corporation (“FDIC”) up to certain limits. At December 31, 2022, the Council had \$11,957 held by the financial institution in excess of insured limits.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 10 - CONTRIBUTIONS OF NON-FINANCIAL ASSETS**

The Council received contributions of non-financial assets of the following nature and amount during the years ended December 31:

Description	Utilization in Programs/Activities	Donor Restrictions	Valuation Techniques and Inputs	2022	2021
General in-kind: silent auction items, fans, A/C units	General and Administrative	No associated donor restrictions	Value supplied by the service provider was used as an estimation of fair market value.	\$ 145,382	\$ 168,078
In-kind meals	Foster Grandparents	No associated donor restrictions	Donations were valued at a fixed rate per meal.	10,282	5,854
In-kind physicals	Foster Grandparents / Senior Companions	No associated donor restrictions	Donations were valued at a fixed rate per physical.	16,400	16,000
Event in-kind: gala promotion and décor	Fundraising	No associated donor restrictions	Value supplied by the service provider was used as an estimation of fair market value.	8,584	12,494
Media - in-kind: design and production	Fundraising	No associated donor restrictions	Value supplied by the service provider was used as an estimation of fair market value.	807	3,272
Facilities in-kind: meeting space	Foster Grandparents / Senior Companions	No associated donor restrictions	Space valued at a fixed rate per meeting.	23,513	6,450
				<u>\$ 204,968</u>	<u>\$ 212,148</u>

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 10 - CONTRIBUTIONS OF NON-FINANCIAL ASSETS (Continued)**

Additionally, the Council utilized various unskilled volunteer services. Volunteer hours for those services totaled 9,952 and 9,478 for the years ended December 31, 2022 and 2021, respectively.

**NOTE 11 - LIQUIDITY**

The Council's financial assets available within one year of the statement of financial position date for general expenditure are as follows:

Cash and cash equivalents	\$ 152,136
Investments appropriate for current use	621,710
Grants, contracts and local support receivable	<u>1,013,881</u>
	<u>\$ 1,787,727</u>

As part of the Council's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. To help manage unanticipated liquidity needs, the Council has a line of credit with varying credit limits which it could draw upon. Available credit under the line of credit totaled \$408,382 at December 31, 2022.

## **SUPPLEMENTARY INFORMATION**

**COUNCIL ON AGING OF WEST FLORIDA, INC.  
COMBINING SCHEDULE OF FUNCTIONAL EXPENSES  
YEAR ENDED DECEMBER 31, 2022**

	Non-DOEA Programs					Total
	Foster Grandparents	Senior Companions	Senior Companions- Relief	Private Pay Home Delivered Meals	Private Pay Adult Day Health Care	
Wages	\$ 54,465	\$ 40,296	\$ 15,740	\$ 1,816	\$ 14,778	\$ 127,095
Employee leasing and benefits	10,869	7,243	2,202	624	3,134	24,072
Travel	1,187	1,258	569	34	55	3,103
Education and training	1,259	561	-	23	103	1,946
Communications/postage	2,461	2,267	498	686	1,000	6,912
Utilities	695	463	128	31	2,041	3,358
Printing/supplies	733	1,209	86	22	299	2,349
Insurance and licenses	1,619	1,280	290	170	2,166	5,525
Maintenance and repair	49	34	8	21	1,577	1,689
Building costs	494	330	90	23	1,382	2,319
Purchased equipment	2,747	2,337	110	102	373	5,669
Professional, legal and accounting	-	-	-	-	-	-
Volunteer expenses	201,904	142,806	21,658	-	17	366,385
Sub-contractors	27,078	19,240	-	4,562	2,756	53,636
Program supplies	-	-	-	-	1,081	1,081
In-kind expenses	34,138	16,056	-	-	-	50,194
Other expenses	3,871	1,988	-	4	43	5,906
<b>Totals</b>	<b>343,569</b>	<b>237,368</b>	<b>41,379</b>	<b>8,118</b>	<b>30,805</b>	<b>661,239</b>
<b>Allocation of Management and General Expenses</b>	<b>116,717</b>	<b>82,509</b>	<b>11,894</b>	<b>4,130</b>	<b>17,692</b>	<b>232,942</b>
<b>Allocation of Facilities and Maintenance Expenses</b>	<b>2,485</b>	<b>1,707</b>	<b>407</b>	<b>55</b>	<b>7,302</b>	<b>11,956</b>
<b>Total Expenses</b>	<b>\$ 462,771</b>	<b>\$ 321,584</b>	<b>\$ 53,680</b>	<b>\$ 12,303</b>	<b>\$ 55,799</b>	<b>\$ 906,137</b>
<b>Total Units</b>	<b>-</b>	<b>-</b>	<b>4,012</b>	<b>3,920</b>	<b>1,865</b>	

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**COMBINING SCHEDULE OF FUNCTIONAL EXPENSES**  
**YEAR ENDED DECEMBER 31, 2022**  
**(Continued)**

	Community Service Programs								Total
	Congregate Meals	Home Delivered Meals	Nutrition Education	Outreach	Recreation	Senior Farmers Market Nutrition	Transportation	Adult Daycare/ Adult Day Healthcare/ Facility-Based Respite	
Wages	\$ 184,782	\$ 58,769	\$ 7,307	\$ 1,646	\$ 30,288	\$ -	\$ 20,333	\$ 161,042	\$ 464,167
Employee leasing and benefits	47,000	16,307	1,625	374	6,215	-	4,955	32,450	108,926
Travel	4,157	3,820	39	3	988	-	28	573	9,608
Education and training	82	176	9	-	10	-	3	928	1,208
Communications/postage	8,214	3,854	74	13	694	-	1,142	8,303	22,294
Utilities	9,686	1,296	19	94	66	-	64	7,236	18,461
Printing/supplies	2,775	564	9	-	39	-	33	3,311	6,731
Insurance and licenses	4,509	1,919	153	102	571	-	505	8,639	16,398
Maintenance and repair	8,358	364	13	1	48	-	21	13,983	22,788
Building costs	5,761	840	16	64	55	-	55	4,921	11,712
Purchased equipment	2,351	778	92	22	1,642	-	303	1,807	6,995
Professional, legal and accounting	1,675	-	-	-	-	-	-	-	1,675
Volunteer expenses	27	493	-	-	-	-	-	150	670
Sub-contractors	456,583	463,273	-	-	-	-	-	70,362	990,218
Program supplies	1,112	-	-	-	-	-	-	9,553	10,665
In-kind expenses	5,124	-	-	-	-	-	-	-	5,124
Other expenses	8,467	14,434	2	-	6	10,080	23,454	8,819	65,262
<b>Totals</b>	<b>750,663</b>	<b>566,887</b>	<b>9,358</b>	<b>2,319</b>	<b>40,622</b>	<b>10,080</b>	<b>50,896</b>	<b>332,077</b>	<b>1,762,902</b>
<b>Allocation of Management and General Expenses</b>	<b>109,420</b>	<b>43,844</b>	<b>3,319</b>	<b>758</b>	<b>13,240</b>	<b>-</b>	<b>17,653</b>	<b>89,613</b>	<b>277,847</b>
<b>Allocation of Facilities and Maintenance Expenses</b>	<b>3,063</b>	<b>3,477</b>	<b>44</b>	<b>338</b>	<b>131</b>	<b>-</b>	<b>229</b>	<b>25,884</b>	<b>33,166</b>
<b>Total Expenses</b>	<b>\$ 863,146</b>	<b>\$ 614,208</b>	<b>\$ 12,721</b>	<b>\$ 3,415</b>	<b>\$ 53,993</b>	<b>\$ 10,080</b>	<b>\$ 68,778</b>	<b>\$ 447,574</b>	<b>\$ 2,073,915</b>
<b>Total Units</b>	<b>100,177</b>	<b>101,272</b>	<b>5,275</b>	<b>9</b>	<b>10,876</b>	<b>-</b>	<b>1,441</b>	<b>7,874</b>	

**COUNCIL ON AGING OF WEST FLORIDA, INC.  
 COMBINING SCHEDULE OF FUNCTIONAL EXPENSES  
 YEAR ENDED DECEMBER 31, 2022  
 (Continued)**

	Social Services Programs							Total
	Telephone Reassurance	Case Aide	Case Management	Screening and Assessment	Screening	Caregiver Support Group	Emergency Aide	
Wages	\$ 20,507	\$ 10,488	\$ 101,030	\$ 75,451	\$ 12,084	\$ 4,241	\$ -	\$ 223,801
Employee leasing and benefits	5,719	2,288	34,149	22,139	2,805	-	-	67,100
Travel	604	73	3,533	2,931	40	379	-	7,560
Education and training	-	9	801	80	1	-	-	891
Communications/postage	794	129	7,038	1,437	129	388	-	9,915
Utilities	308	37	2,782	308	29	52	-	3,516
Printing/supplies	-	13	1,350	113	10	3	67	1,556
Insurance and licenses	527	331	3,938	1,334	246	88	-	6,464
Maintenance and repair	13	13	79	50	23	2	-	180
Building costs	214	32	1,910	236	24	36	-	2,452
Purchased equipment	191	184	1,371	742	151	30	-	2,669
Professional, legal and accounting	-	-	-	-	-	-	-	-
Volunteer expenses	-	-	-	-	-	-	-	-
Sub-contractors	-	-	-	-	-	-	-	-
Program supplies	-	-	-	-	-	-	-	-
In-kind expenses	-	-	-	-	-	-	101,843	101,843
Other expenses	-	1	117	12	3	261	83,737	84,131
<b>Totals</b>	<b>28,877</b>	<b>13,598</b>	<b>158,098</b>	<b>104,833</b>	<b>15,545</b>	<b>5,480</b>	<b>185,647</b>	<b>512,078</b>
<b>Allocation of Management and General Expenses</b>	<b>6,713</b>	<b>6,842</b>	<b>52,235</b>	<b>27,045</b>	<b>5,563</b>	<b>2,457</b>	<b>-</b>	<b>100,855</b>
<b>Allocation of Facilities and Maintenance Expenses</b>	<b>1,101</b>	<b>131</b>	<b>9,951</b>	<b>1,101</b>	<b>55</b>	<b>196</b>	<b>-</b>	<b>12,535</b>
<b>Total Expenses</b>	<b>\$ 36,691</b>	<b>\$ 20,571</b>	<b>\$ 220,284</b>	<b>\$ 132,979</b>	<b>\$ 21,163</b>	<b>\$ 8,133</b>	<b>\$ 185,647</b>	<b>\$ 625,468</b>
<b>Total Units</b>	<b>-</b>	<b>-</b>	<b>3,256</b>	<b>275</b>	<b>642</b>	<b>34</b>	<b>-</b>	

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**COMBINING SCHEDULE OF FUNCTIONAL EXPENSES**  
**YEAR ENDED DECEMBER 31, 2022**  
**(Continued)**

	Home Service Programs						
	Companionship	Emergency Alert Response	Frozen Home Delivered Meals	Homemaker	Material Aide	In-Home Respite	Volunteer
Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,305
Employee leasing and benefits	-	-	-	-	-	-	6,599
Travel	-	-	-	-	-	-	330
Education and training	-	-	-	-	-	-	191
Communications/postage	-	-	-	-	-	-	1,039
Utilities	-	-	-	-	-	-	605
Printing/supplies	-	-	-	-	-	-	105
Insurance and licenses	-	-	-	-	-	-	883
Maintenance and repair	-	-	-	-	-	-	19
Building costs	-	-	-	-	-	-	424
Purchased equipment	-	-	-	-	-	-	279
Professional, legal and accounting	-	-	-	-	-	-	-
Volunteer expenses	-	-	-	-	-	-	397
Sub-contractors	650,127	9,941	69,425	288,734	-	1,295,307	-
Program supplies	-	-	-	-	-	-	-
In-kind expenses	-	-	-	-	-	-	-
Other expenses	-	-	-	-	1,860	-	50
<b>Totals</b>	<b>650,127</b>	<b>9,941</b>	<b>69,425</b>	<b>288,734</b>	<b>1,860</b>	<b>1,295,307</b>	<b>29,226</b>
<b>Allocation of Management and General Expenses</b>	<b>8,726.00</b>	<b>-</b>	<b>-</b>	<b>7,047.00</b>	<b>1,258.00</b>	<b>17,120.00</b>	<b>23,191</b>
<b>Allocation of Facilities and Maintenance Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,984</b>
<b>Total Expenses</b>	<b>\$ 658,853</b>	<b>\$ 9,941</b>	<b>\$ 69,425</b>	<b>\$ 295,781</b>	<b>\$ 3,118</b>	<b>\$ 1,312,427</b>	<b>\$ 54,401</b>
<b>Total Units</b>	<b>34,082</b>	<b>12,312</b>	<b>97,738</b>	<b>15,158</b>	<b>38</b>	<b>58,337</b>	<b>-</b>

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**COMBINING SCHEDULE OF FUNCTIONAL EXPENSES**  
**YEAR ENDED DECEMBER 31, 2022**  
**(Continued)**

	Home Service Programs						Total Direct Program Services
	Vendor Shopping Assistance	Vendor Chore	Personal Care	Equipment	Other	Total	
Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,305	833,368
Employee leasing and benefits	-	-	-	-	-	6,599	206,697
Travel	-	-	-	-	-	330	20,601
Education and training	-	-	-	-	-	191	4,236
Communications/postage	-	-	-	-	-	1,039	40,160
Utilities	-	-	-	-	-	605	25,940
Printing/supplies	-	-	-	-	-	105	10,741
Insurance and licenses	-	-	-	-	-	883	29,270
Maintenance and repair	-	-	-	-	-	19	24,676
Building costs	-	-	-	-	-	424	16,907
Purchased equipment	-	-	-	-	-	279	15,612
Professional, legal and accounting	-	-	-	-	-	-	1,675
Volunteer expenses	-	-	-	-	-	397	367,452
Sub-contractors	61,410	7,471	305,750	245,508	-	2,933,673	3,977,527
Program supplies	-	-	-	-	-	-	11,746
In-kind expenses	-	-	-	-	-	-	157,161
Other expenses	-	-	-	567	7,375	9,852	165,151
<b>Totals</b>	<b>61,410</b>	<b>7,471</b>	<b>305,750</b>	<b>246,075</b>	<b>7,375</b>	<b>2,972,701</b>	<b>5,908,920</b>
<b>Allocation of Management and General Expenses</b>	<b>-</b>	<b>169</b>	<b>6,204</b>	<b>27,191</b>	<b>-</b>	<b>90,906</b>	<b>702,550</b>
<b>Allocation of Facilities and Maintenance Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,984</b>	<b>59,641</b>
<b>Total Expenses</b>	<b>\$ 61,410</b>	<b>\$ 7,640</b>	<b>\$ 311,954</b>	<b>\$ 273,266</b>	<b>\$ 7,375</b>	<b>\$ 3,065,591</b>	<b>\$ 6,671,111</b>
<b>Total Units</b>	<b>2,020</b>	<b>621</b>	<b>13,714</b>	<b>3,203</b>	<b>4</b>		

**OTHER REPORTS AND SCHEDULES**

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

Board of Directors  
Council on Aging of West Florida, Inc.  
Pensacola, Florida

We have audited, 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, the financial statements of the Council on Aging of West Florida, Inc. (the "Council") (a nonprofit organization), which comprise the statement of financial position as of December 31, 2022, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated June 1, 2023.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Council'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 Council's internal control. Accordingly, we do not express an opinion on the effectiveness the Council'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 Council's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during the 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 Council's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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



Pensacola, Florida  
June 1, 2023

**INDEPENDENT AUDITOR’S REPORT ON COMPLIANCE FOR EACH  
MAJOR PROGRAM AND STATE PROJECT AND ON INTERNAL  
CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE  
AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL**

Board of Directors  
Council on Aging of West Florida, Inc.  
Pensacola, Florida

**Report on Compliance for Each Major Federal Program and State Project**

We have audited the Council on Aging of West Florida, Inc.’s (the “Council”) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* and the requirements described in the *Executive Office of the Governor’s State Project Compliance Supplement* that could have a direct and material effect on each of the Council’s major federal programs and state projects for the year ended December 31, 2022. The Council’s major federal programs and state projects are identified in the summary of auditor’s results section of the accompanying schedule of findings and questioned costs.

**Management’s Responsibility**

Management is responsible for compliance with federal and state statutes, regulations and the terms and conditions of its federal awards and state financial assistance applicable its federal program and state projects.

**Auditor’s Responsibility**

Our responsibility is to express an opinion on compliance for each of the Council’s major federal programs and state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (“Uniform Guidance”); and Chapter 10.650, Rules of the Auditor General. Those standards, the Uniform Guidance and Chapter 10.650, Rules of the Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program or state project occurred. An audit includes examining, on a test basis, evidence about the Council’s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program and state project. However, our audit does not provide a legal determination of the Council’s compliance.

## Opinion on Each Major Federal Program and State Project

In our opinion, the Council complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended December 31, 2022.

## Report on Internal Control Over Compliance

Management of the Council is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Council's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Council's internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and Chapter 10.650, Rules of the Auditor General. Accordingly, this report is not suitable for any other purpose.



Pensacola, Florida  
June 1, 2023

**COUNCIL ON AGING OF WEST FLORIDA, INC.  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED DECEMBER 31, 2022**

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>CFDA Number</u>	<u>Contract / Grant Number</u>	<u>Expenditures</u>
<b><u>U.S. Department of Housing and Urban Development</u></b>			
Passed through City of Pensacola:			
Community Development Block Grant	14.218	N/A	\$ 156,765
Passed through Escambia County:			
Community Development Block Grant	14.218	N/A	155,390
			<u>312,155</u>
<b><u>U.S. Department of Health and Human Services</u></b>			
Passed through State of Florida Department of Elder Affairs/ Passed through Northwest Florida Area Agency on Aging: Aging Cluster:			
Special Programs for the Aging:			
Title III-Part B, Grants for Supportive Services and Senior Centers	93.044	AA022-E	825,818
Title III-Part C, Nutrition Services	93.045	AA022-E	1,065,326
CARES, Title III-C , Nutrition Services	93.045	ACA21-E	12,163
Nutrition Services Incentive Program	93.053	AA022-E	117,333
Total Aging Cluster			<u>2,020,640</u>
National Family Caregiver Support	93.052	AA022-E	<u>235,588</u>
<b><u>Corporation for National and Community Service</u></b>			
Foster Grandparents/Senior Companion Cluster:			
Foster Grandparent Program	94.011	21SFHFL002	293,847
Senior Companion Program	94.016	21SCHFL005	206,492
Total Foster Grandparents/Senior Companion Cluster			<u>500,339</u>
Total Federal Awards			<u>\$ 3,068,722</u>

Note 1: This schedule is presented on the accrual basis of accounting in accordance with generally accepted accounting principles.

Note 2: The Council does not have an indirect cost agreement nor use the 10% de minimis indirect cost rate.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE**  
**YEAR ENDED DECEMBER 31, 2022**

<u>State Grantor/Pass-through Grantor/Project Title</u>	<u>CSFA Number</u>	<u>Contract / Grant Number</u>	<u>Expenditures</u>
<b><u>State Grants and Aids Appropriations</u></b>			
Passed through State of Florida Department of Elder Affairs/ Passed through Northwest Florida Area Agency on Aging: Tobacco Settlement Trust Funds:			
Community Care for the Elderly	65.010	AC022	\$ 1,372,439
Alzheimer's Respite Services	65.004	AZ022	962,723
Relief	65.006	AR022	40,382
			<u>2,375,544</u>
<b><u>State Grants and Aids Appropriations</u></b>			
Passed through State of Florida Department of Elder Affairs/ Passed through Northwest Florida Area Agency on Aging: General Revenues:			
Home Care for the Elderly - Case Management	65.001	AH022	20,159
Home Care for the Elderly - Subsidies	65.001	AH022	214,142
			<u>234,301</u>
Total State Financial Assistance			<u>\$ 2,609,845</u>

Note: This schedule is presented on the accrual basis of accounting in accordance with generally accepted accounting principles.

**COUNCIL ON AGING OF WEST FLORIDA, INC.  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED DECEMBER 31, 2022**

**A. SUMMARY OF AUDIT RESULTS**

1. The independent auditor's report expresses an unmodified opinion on the financial statements of the Council on Aging of West Florida, Inc.
2. No significant deficiencies in internal control relating to the audit of the financial statements are reported in the Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. No instances of noncompliance material to the financial statements of the Council on Aging of West Florida, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award programs and state projects are reported in the Independent Auditor's Report on Compliance for Each Major Program and State Project and on Internal Control Over Compliance Required by the Uniform Guidance and Chapter 10.650, Rules of the Auditor General.
5. The auditor's report on compliance for major federal award programs and state projects for the Council on Aging of West Florida, Inc. expresses an unmodified opinion.
6. There are no audit findings relative to the major federal programs and state projects for the Council on Aging of West Florida, Inc. which are required to be reported in accordance with 2 CFR section 200.516(a) of the Uniform Guidance and Chapter 10.656, Rules of the Auditor General.
7. The programs/projects tested as major were:

**Federal Programs**

Aging Cluster: Special Programs for the Aging

Title III Part B - Grants for Supportive Services and Senior Centers (CFDA No. 93.044).

Title III Part C - Nutrition Services (CFDA No. 93.045).

Nutrition Services Incentive Program (CFDA No. 93.053).

**State Projects**

Community Care for the Elderly (CSFA No. 65.010).

Alzheimer's Respite Services (CSFA No. 65.004).

8. The threshold for distinguishing Type A and B programs was \$750,000 for major federal programs and \$783,000 for major state projects.
9. Council on Aging of West Florida, Inc. was determined to be a low-risk auditee pursuant to the Uniform Guidance.

**COUNCIL ON AGING OF WEST FLORIDA, INC.**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
**YEAR ENDED DECEMBER 31, 2022**  
**(Continued)**

**B. FINDINGS - FINANCIAL STATEMENTS AUDIT**

None

**C. FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL PROGRAMS**

None

**D. FINDINGS AND QUESTIONED COSTS - MAJOR STATE PROJECTS**

None

In accordance with Rules of the Auditor General, Section 10.656(3)(e), no management letter is required because there were no findings required to be reported in the management letter.

**E. SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS**

There were no prior audit findings.

In accordance with Rules of the Auditor General 10.656(3)(e), no summary schedule of prior audit findings is required because there were no prior audit findings related to federal programs or state projects.

**4**

**Ecomfort**



**BOARD OF COUNTY  
COMMISSIONERS  
ESCAMBIA COUNTY, FLORIDA**

OFFICE OF MANAGEMENT  
& BUDGET SERVICES  
221 PALAFOX PLACE,  
SUITE 440  
PENSACOLA, FL 32502  
Phone: (850) 595-4960  
Fax: (850) 595-4810  
[www.myescambia.com](http://www.myescambia.com)

March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan  
Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Ecomfort, Inc.

Agency Address: 2202 North Pace Blvd. Pensacola, FL 32505

Program Name for which funding is being requested: Ecomfort Soup Kitchen

Amount Requested: \$ 35,000

Program Contact: Sylvia Tisdale

Contact Email: sylviatisdale1951@gmail.com Contact Phone: **(850) 572-5761**

25-Word Description of Program: **Ecomfort has been serving homeless and needy individuals since 2007. We are a resource center, food pantry, and soup kitchen located in the heart of the Englewood Community.**

How many years has your organization been providing services in the County? 16

How many years has your organization received funding from the County? 2

Explain how receiving funds from the County would have a significant impact on your organization:

**Funds received will have a significant impact in supporting our mission of reaching out to the hungry, homeless, and the hurting, and will allow us to serve more families in the Englewood and surrounding communities.**

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable:  \$5,000

Briefly discuss how last year's funds were used? **Funds were used to support the Ecomfort soup kitchen program and resource center: purchasing food trucks, purchasing food from feeding the gulf coast, and assisting individuals with obtaining birth certificates and Florida identifications.**

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?

**We provided daily meals for citizens as well as distributed food items every Tuesday and Thursday. Our resource coordinator assisted individuals with obtaining Florida identifications, birth certificates, applying for assistance benefits, filing tax returns as well as other online assistance. Our program has a great impact on the residents of the county that are struggling during these difficult economic times.**

**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?

**Funding will be used to pay for the purchase of food, operating supplies, and the cost of Florida identification and birth certificates for eligible individuals. Our program distributes food from our food pantry twice weekly Tuesday and Thursday from 6 am to 12 pm. We also have weekly drive-up food distribution events. We serve hot breakfast Monday - Friday from 6:00 am to 9:00 am. Our resource center operates weekly Monday - Thursday 8:00 am to 12:00 pm. Individuals can receive assistance and referrals to other organizations. Ecomfort is a key part of the West Pensacola community located in zip code 32505. This is the core of the Englewood community that is often plagued with poverty, homelessness, drugs, crime, and unemployment. We operate as a safe haven for senior citizens, youth, homeless, and the needy. Due to our location on Pace Blvd, there are many transient individuals who are often served by the program.**

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: N/A

**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:

**We collaborate with several organizations in the area: Pensacola Caring Hearts, Brownsville Community Center, Waterfront Rescue Mission, Opening Doors of NW Florida. Many of these organizations' clients are our clients as well. We work with these agencies on sending and receiving referrals and overflow of food.**

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program.

**Ecomfort has been serving homeless and needy individuals since 2007. We differ from other similar agencies in that we accept all individuals regardless of identification, walk-in or by appointment. We strive daily to overcome issues of hunger, homelessness, and hopelessness as these are critical to improving a person's physical and emotional well-being.**

**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: \_\_\_\_\_%
- Percentage for direct programming costs: **\_100\_** \_\_\_\_\_%

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

**We will continue our existing efforts of seeking foundation grants, fundraising and individual donations.**

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

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. N/A

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Reduce Food Insecurities in Escambia County by 1%	15%	14%	12.7%	9.3%
2.				%
3.				%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Number of families helped monthly	6,000
2. Number of pounds of food distributed monthly	65,000
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. Number of families helped monthly	5,500
2. Number of pounds of food distributed monthly	60,000
3.	

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$83,000.00	\$106,000.00	\$76,000.00
Programmatic Income			
County Funding/Direct Contribution	\$5,000.00	\$5,000.00	\$35,000.00
County Funding by Other Source (a)			
City Funding	\$2,000		
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)	\$48,860.00		
Total Income	\$138,860.00	\$111,000.00	\$111,000.00

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_\_

**Other income includes refunds and returns to Ecomfort, Inc from IMPACT 100 funding**

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	0.00		
Salaries and Wages	\$0.00		
Employee Benefits	\$0.00		
Professional Services	\$0.00		
Contractual Services	\$16,125.00	\$20,000.00	\$20,000.00
Travel Expenses	\$1,000.00		
Facilities and Equipment	\$24,357.00	\$25,000.00	\$25,000.00
Communication	\$2,880.00	\$3,000.00	\$3,000.00
Postage and Freight	\$1,800.00	\$2,000.00	\$2,000.00
Repair and Maintenance	\$870.00	\$1,000.00	\$1,000.00
Printing and Binding	\$3,335.00	\$4,000.00	\$4,000.00
Marketing and Promotion			
Fuel	\$566.00	\$1,000.00	\$1,000.00
Supplies	\$44,000.00	\$30,000.00	\$30,000.00
Event Expenses			
Capitalizable Assets for County Funding (a)			
Other Expenses (b)	\$27,068.00	\$25,000.00	\$25,000.00
Total Expenses	\$122,001.00	\$111,000.00	\$111,000.00
Net Income - (Revenue minus Expense)	\$16,859.00	\$0.00	\$0.00

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

**N/A**

(b) Please explain any request listed in the "Other Expenses" line item. \_\_\_\_\_

**Other expenses include: reimbursement expenses; purchase of weekly food trucks from Feeding the Gulf Coast as well as other food items; cost of ordering birth certificates and Florida identifications.**

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? **Calendar**

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements **Discrepancy is due to our Financials being based on a calendar year and the Expense Table based on a Fiscal Year**

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? **Net Income use for CY 2022 is to help with expenses in CY 2023 purchase of food trucks, supplies for meals and food distribution and assistance with birth certificates and Florida Identifications.**

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
N/A		

5. Please provide the total amount of cash and investments on hand. **\_\$20,000\_** \_\_\_\_\_

\_\_\_\_\_

6. Does your organization charge fees for services? If so, provide a list of fees charged.

  No    
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your organization require background checks from volunteers and staff?   No  

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A:   N/A  

1. What is your agency's Strategic Plan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did your agency receive any grants? List the amount and a detailed use of the funds.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was there any increase in membership for the local chambers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your agency's statistics on business creation and minority businesses by zip code?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

\_\_\_\_ Sylvia Tisdale \_\_\_\_\_  
Name

\_\_\_\_ Executive Director \_\_\_\_\_ 4/3/2023 \_\_\_\_\_  
Title Date

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>EComfort, Inc</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions. <b>P.O. Box 1564</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Pensacola, FL 32591</b>	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>												
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<b>or</b>												
<b>Employer identification number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">20</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>	20											
20												

### 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <b>Sylvia E. Tisdale</b>	Date ▶ <b>6/26/2023</b>
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### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

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

DEPARTMENT OF THE TREASURY

Date: **APR 02 2015**

ECOMFORT INC  
6250 COLLEGE PKWY  
PENSACOLA, FL 32504-7903

Employer Identification Number:  
20-8665559  
DLN:  
26053486002225  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
March 25, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

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

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

Based on the information you submitted on your application, we approved your request for reinstatement under Section 7 of Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the submission date of your application.

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

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

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar

Letter 5436

# 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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 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 EComfort Inc.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2202 N Pace Blvd  
 City or town State ZIP code  
Pensacola FL 32505  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
20-8665559

**E** Telephone number  
(850) 572-5761

**G** Gross receipts from sales of goods or services 65,167

**F** Name and address of principal officer:  
Sylvia Tisdale 2300 N Pace Blvd, Pensacola, FL 32505

H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 (List "a" subordinates in Part VII, line 20, and "b" subordinates in Part VII, line 21, if applicable. See instructions.)

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

**J** Website: N/A

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of information: 2014 **M** State of legal domicile: FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Corporation is organized to provide nutritional food, housing, and educational training, exclusively for the underprivileged.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations and disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	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, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	73,618	65,167
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 10)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,618	65,167
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	69,658	70,467
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	69,658	70,467
19 Revenue less expenses. Subtract line 18 from line 12	3,960	-5,300	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,972	End of Year 5,672
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	10,972	5,672

**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: Sylvia Tisdale Date: 5/3/2022  
 Type or print name and title: Owner

**Paid Preparer Use Only**  
 Print/Type preparer's name: John Pharr Preparer's signature: John Pharr Date: 5/3/2022 Check  if self-employed PTIN: P01382990  
 Firm's name: John Pharr CPA LLC Firm's EIN: 54-2118136  
 Firm's address: 105 East Gregory Square, Pensacola, FL 32502 Phone no.: (850) 435-8844

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

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
The Corporation is organized to provide nutritional food, housing, and educational training, exclusively for the underprivileged. Our mission is to help people create new lives by alleviating hunger and homeless and illiteracy by developing relationships and guidance in a Christian atmosphere.

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.

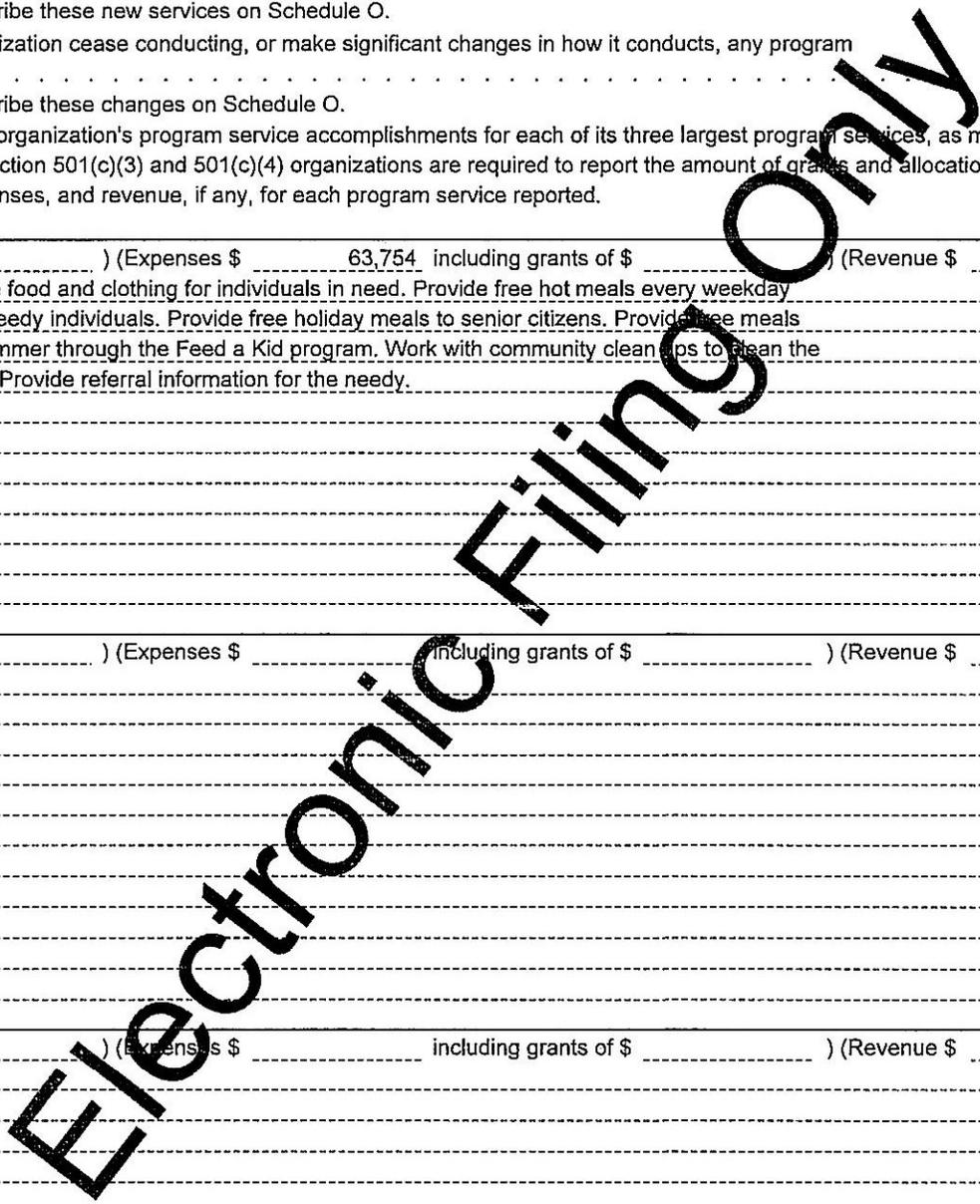
4a (Code: ) (Expenses \$ 63,754 including grants of \$ ) (Revenue \$ )  
Providing free food and clothing for individuals in need. Provide free hot meals every weekday morning for needy individuals. Provide free holiday meals to senior citizens. Provide free meals during the summer through the Feed a Kid program. Work with community clean ups to clean the environment. Provide referral information for the needy.

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

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

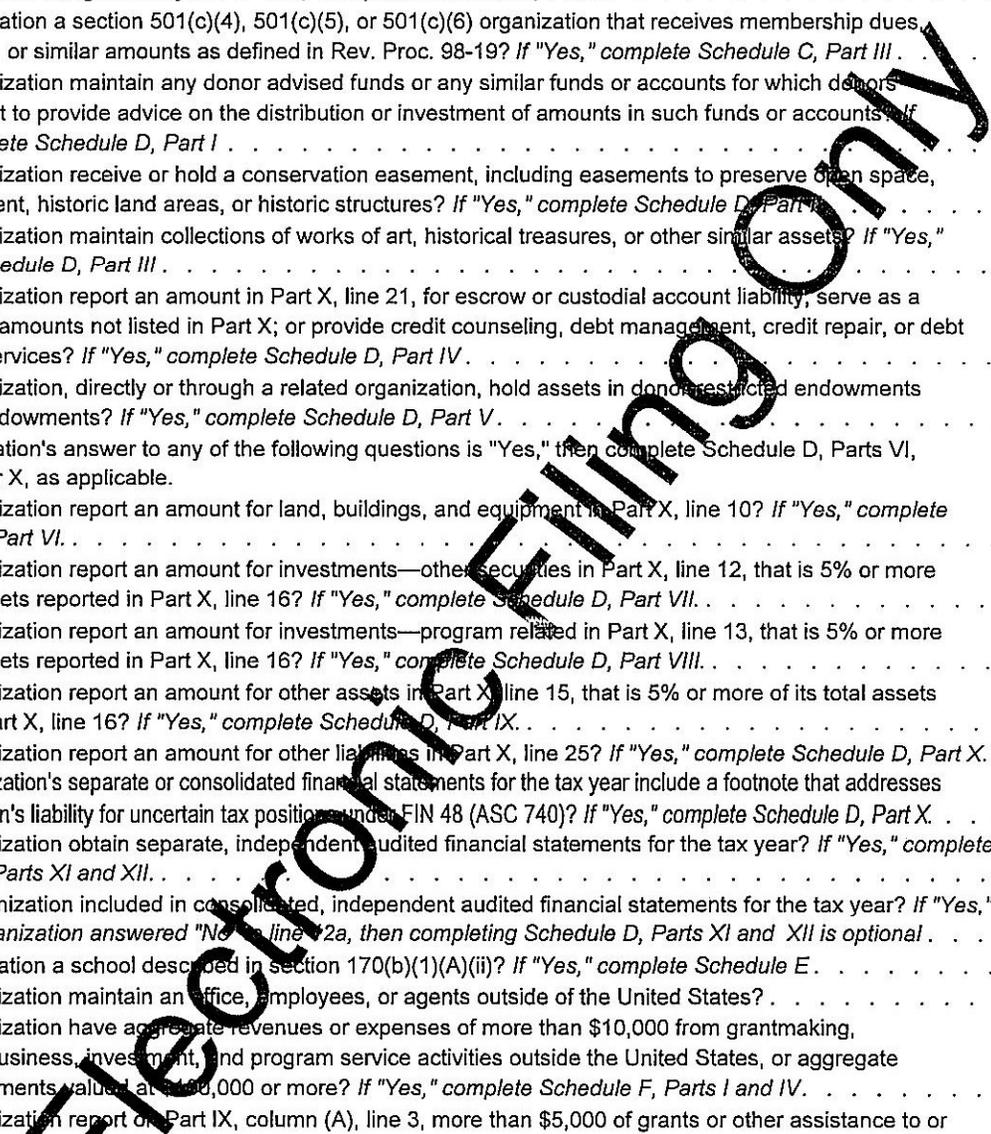
4d Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 63,754



Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, bond issues, excess benefit transactions, etc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	17			

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	9	
b	Enter the number of voting members included on line 1a, above, who are independent . . . . .	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 on 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 on 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 on 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 on Schedule O. See instructions.		
16a	Did the organization invest, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19 Describe on 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 ▶  
 Sylvia Tisdale (850) 572-5761  
 2300 N Pace Blvd, Pensacola, FL 32505

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Janetta Dukes Director	2.00 2.00	X								
(2) Travis Thompkins Director	2.00 2.00	X								
(3) Joshua Tisdale Director	2.00 2.00	X								
(4) Karen Lessard Director	2.00 2.00	X								
(5) Kim Corner Director	2.00 2.00	X								
(6) Calvin Avant President	2.00 2.00			X						
(7) Rebecca Hale Secretary	2.00 2.00			X						
(8) Timothy Greer Treasurer	2.00 2.00			X						
(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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)										
<b>1b Subtotal</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

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

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

**Section B. Independent Contractors**

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

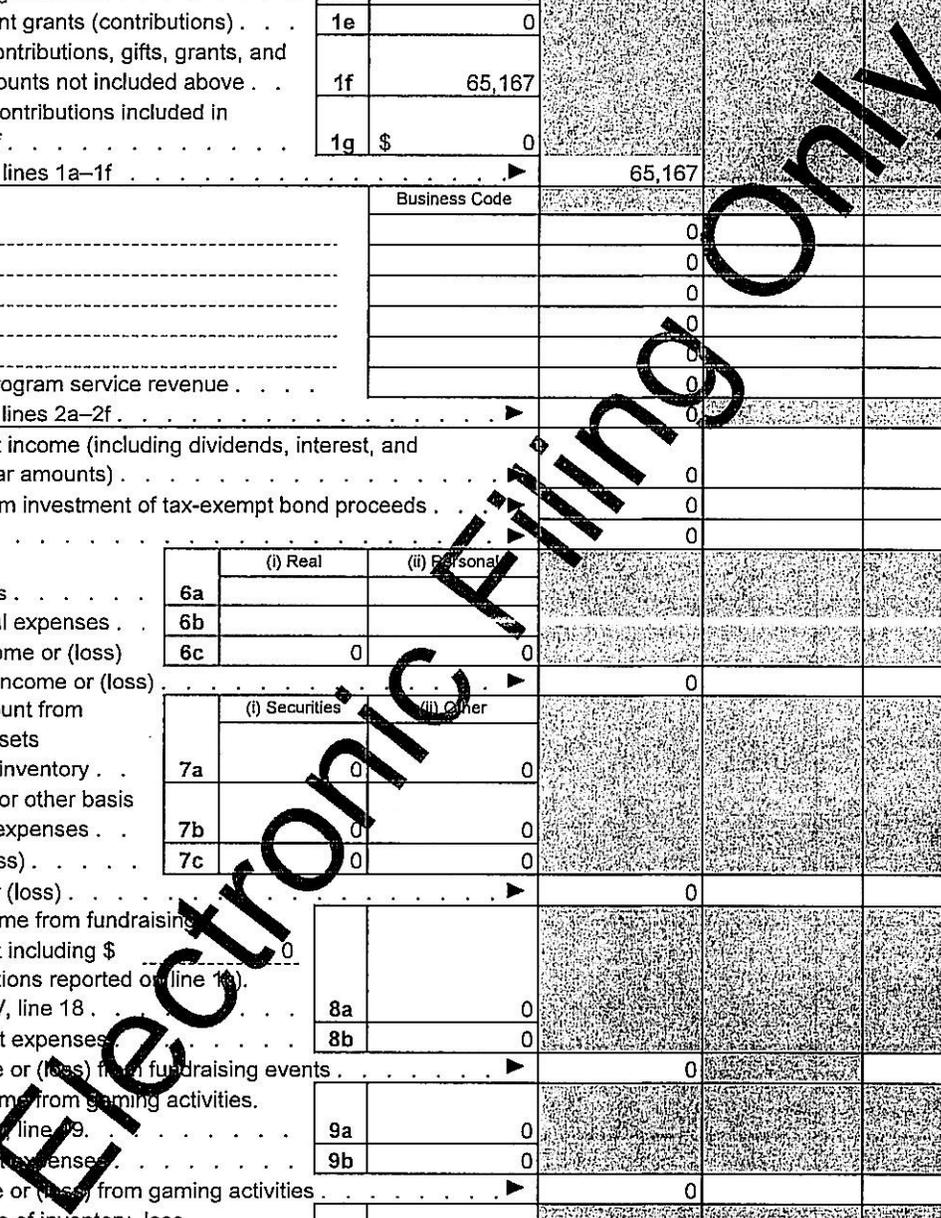
(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

**Part VIII** Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	0				
	b	Membership dues . . . . .	1b	0				
	c	Fundraising events . . . . .	1c	0				
	d	Related organizations . . . . .	1d	0				
	e	Government grants (contributions) . . . . .	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	65,167				
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 0				
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		65,167				
Program Service Revenue				Business Code				
	2a	-----		0				
	b	-----		0				
	c	-----		0				
	d	-----		0				
	e	-----		0				
	f	All other program service revenue . . . . .		0				
g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		0				
	4	Income from investment of tax-exempt bond proceeds . . . . .		0				
	5	Royalties . . . . .		0				
	6a	Gross rents . . . . .	(i) Real		0			
			(ii) Personal					
			6a					
	6b	Less: rental expenses . . . . .			0			
	6c	Rental income or (loss) . . . . .	0		0			
	d	Net rental income or (loss) . . . . . ▶		0				
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities		0			
			(ii) Other					
			7a					
	7b	Less: cost or other basis and sales expenses . . . . .	0		0			
	7c	Gain or (loss) . . . . .	0		0			
d	Net gain or (loss) . . . . . ▶		0					
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1a). See Part IV, line 18 . . . . .		0					
8b	Less: direct expenses . . . . .	0		0				
c	Net income or (loss) from fundraising events . . . . . ▶		0					
9a	Gross income from gaming activities. See Part IV, line 49 . . . . .		0					
9b	Less: direct expenses . . . . .	0		0				
c	Net income or (loss) from gaming activities . . . . . ▶		0					
10a	Gross sales of inventory, less returns and allowances . . . . .			0				
		10a						
10b	Less: cost of goods sold . . . . .	0		0				
c	Net income or (loss) from sales of inventory . . . . . ▶		0					
Miscellaneous Revenue				Business Code				
	11a	-----		0				
	b	-----		0				
	c	-----		0				
	d	All other revenue . . . . .		0				
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0					
12	<b>Total revenue.</b> See instructions . . . . . ▶			65,167	0	0	0	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	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			
7	Other salaries and wages . . . . .	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .				
11	Fees for services (nonemployees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	450		450	
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	5,280	5,280	0	
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	259		259	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	7,832	7,832		
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0	0	0	0
23	Insurance . . . . .	778		778	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Reimbursement . . . . .	17,950	17,950		
b	Facilities & Equipment . . . . .	14,241	14,241		
c	Food Bank . . . . .	4,225	4,225		
d	Operations . . . . .	19,452	14,226	5,226	
e	All other expenses . . . . .	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	70,467	63,754	6,713	0
26	<b>Joint costs.</b> 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) . . . . .				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	10,972	1	5,672
	2	Savings and temporary cash investments . . . . .	0	2	
	3	Pledges and grants receivable, net . . . . .	0	3	0
	4	Accounts receivable, net . . . . .	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	6	
	7	Notes and loans receivable, net . . . . .	0	7	0
	8	Inventories for sale or use . . . . .	0	8	
	9	Prepaid expenses and deferred charges . . . . .	0	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	0		
		<b>10a</b>	0		
	b	Less: accumulated depreciation . . . . .	0	10c	0
		<b>10b</b>	0		
	11	Investments—publicly traded securities . . . . .	0	11	0
	12	Investments—other securities. See Part IV, line 11 . . . . .	0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .	0	13	0
14	Intangible assets . . . . .	0	14	0	
15	Other assets. See Part IV, line 11 . . . . .	0	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	10,972	16	5,672	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	0	17	
	18	Grants payable . . . . .	0	18	
	19	Deferred revenue . . . . .	0	19	
	20	Tax-exempt bond liabilities . . . . .	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	26	0
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions . . . . .		27	
	28	Net assets with donor restrictions . . . . .	0	28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds . . . . .	0	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	30	
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .	10,972	31	5,672
32	<b>Total net assets or fund balances . . . . .</b>	10,972	32	5,672	
33	<b>Total liabilities and net assets/fund balances . . . . .</b>	10,972	33	5,672	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,167
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,467
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,972
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,672

**Part XII Financial Statements and Reporting**

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

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

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SCHEDULE A  
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization EComfort Inc.	Employer identification number 20-8665559
-------------------------------------------	----------------------------------------------

**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).)
- 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)(iv). 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)(v). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9  An 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 on 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)							
<b>Total</b>						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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	14,775	24,600	34,300	73,618	65,167	212,460
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	14,775	24,600	34,300	73,618	65,167	212,460
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						212,460

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 . . . . .	14,775	24,600	34,300	73,618	65,167	212,460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						212,460

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	100.00%
15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100.00%

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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 . . . . .						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage for 2020 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a 33 1/3% support tests—2021. 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—2020. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(1)(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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on 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 <b>Part VI</b> .		
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 line 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)

- 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 on lines 11b and 11c below, the governing body of a supported organization?
  - b A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, 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.

	Yes	No
1		
2		
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 governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
3a		
3b		

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

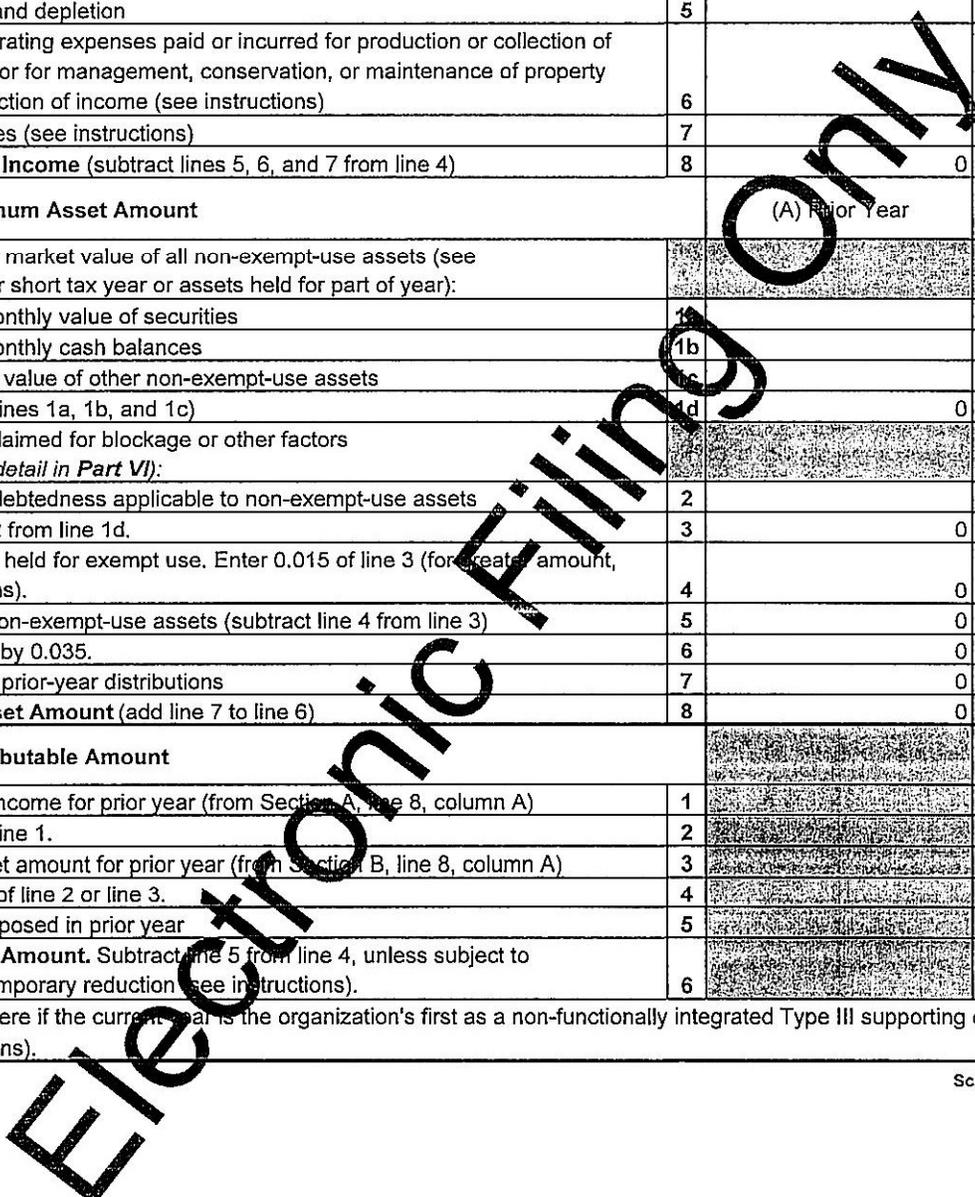
1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	0	0

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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0

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



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre 2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .	0	
b	From 2017 . . . . .	0	
c	From 2018 . . . . .	0	
d	From 2019 . . . . .	0	
e	From 2020 . . . . .	0	
f	<b>Total</b> of lines 3a through 3e	0	
g	Applied to underdistributions of prior years		0
h	Applied to 2021 distributable amount		0
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f	0	
4	Distributions for 2021 from Section D, line 7: \$	0	
a	Applied to underdistributions of prior years		0
b	Applied to 2021 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4	0	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	0	
8	Breakdown of line 7		
a	Excess from 2016 . . . . .	0	
b	Excess from 2017 . . . . .	0	
c	Excess from 2018 . . . . .	0	
d	Excess from 2019 . . . . .	0	
e	Excess from 2020 . . . . .	0	

**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.)

Electronic Filing Only

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

EComfort Inc.

Employer identification number

20-8665559

Form 990, Part IV, Line 11B: Form 990 is available for review upon request

Form 990, Part IV, Line 2: Joshua Tisdale is Sylvia Tisdale's son.

**Electronic Filing Only**

Name of the organization

Employer identification number

EComfort Inc.

20-8665559

Electronic Filing Only

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

		Cash	Noncash
1	Federated Campaigns . . . . .		
2	Membership dues . . . . .		
3	Fundraising events . . . . .		
4	Related organizations . . . . .		
5	Government grants (contributions) . . . . .		
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Member Contributions	61,355	
	Returns and Refunds	3,812	
	Other contributions total . . . . .	65,167	0
7	Total . . . . .	65,167	0

**ECOMFORT INC**  
**Profit & Loss**  
 January through December 2022

	Jan - Dec 22
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
43400 · Direct Public Support	
43410 · Corporate Contributions	5,000.00
43450 · Individ, Business Contributions	82,561.36
<b>Total 43400 · Direct Public Support</b>	<b>87,561.36</b>
44800 · Indirect Public Support	
44820 · United Way, CFC Contributions	2,437.50
<b>Total 44800 · Indirect Public Support</b>	<b>2,437.50</b>
46400 · Other Types of Income	96.80
<b>Total Income</b>	<b>90,095.66</b>
<b>Expense</b>	
60900 · Business Expenses	
60920 · Business Registration Fees	61.25
<b>Total 60900 · Business Expenses</b>	<b>61.25</b>
60921 · Business Check Fee	15.00
61000 · Expense Reimbursement	12,210.21
62100 · Contract Services	
62110 · Accounting Fees	1,675.00
62120 · Director of Services	4,000.00
62150 · Outside Contract Services	10,450.00
<b>Total 62100 · Contract Services</b>	<b>16,125.00</b>
62700 · Donations	1,100.00
62800 · Facilities and Equipment	
62840 · Equip Rental and Maintenance	2,295.76
62850 · Equipment	4,826.04
62880 · Rent Paid to Epps CC	6,000.00
62890 · Rent, Parking, Utilities	
62895 · ECUA	255.70
62896 · Gas	474.23
62897 · Electric	2,384.55
62890 · Rent, Parking, Utilities - Other	8,121.06
<b>Total 62890 · Rent, Parking, Utilities</b>	<b>11,235.54</b>
<b>Total 62800 · Facilities and Equipment</b>	<b>24,357.34</b>
65000 · Operations	
65010 · Books, Subscriptions, Reference	397.77
65020 · Postage, Mailing Service	1,431.40
65030 · Printing and Copying	3,335.05
65040 · Supplies	43,969.81
65050 · Telephone, Telecommunications	2,879.80
65060 · Vehicle Maintenance	869.98
65061 · Fuel Cost	565.87
<b>Total 65000 · Operations</b>	<b>53,449.68</b>
65035 · Food Bank	10,616.92
65200 · Specific Expenses for Others	
65210 · Birth Certificate	2,666.30
65230 · Identification Cards	400.00
<b>Total 65200 · Specific Expenses for Others</b>	<b>3,066.30</b>
68300 · Travel and Meetings	
68310 · Conference, Convention, Meeting	1,000.00
<b>Total 68300 · Travel and Meetings</b>	<b>1,000.00</b>

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03/20/23

Accrual Basis

**ECOMFORT INC**  
**Profit & Loss**  
January through December 2022

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	<u>Jan - Dec 22</u>
Total Expense	122,001.70
Net Ordinary Income	-31,906.04
Other Income/Expense	
Other Income	
70010 · Refunds and Returns	48,081.88
91000 · Transfer Funds	683.35
Total Other Income	48,765.23
Net Other Income	48,765.23
Net Income	<u>16,859.19</u>

**ECOMFORT INC**  
**Profit & Loss**  
**January through December 2021**

	Jan - Dec 21
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
43400 · Direct Public Support	
43450 · Individ, Business Contributions	61,355.00
<b>Total 43400 · Direct Public Support</b>	61,355.00
<b>Total Income</b>	61,355.00
<b>Expense</b>	
60900 · Business Expenses	
60920 · Business Registration Fees	228.45
<b>Total 60900 · Business Expenses</b>	228.45
60921 · Business Check Fee	30.25
61000 · Expense Reimbursement	17,950.00
62100 · Contract Services	
62110 · Accounting Fees	450.00
62150 · Outside Contract Services	5,280.00
<b>Total 62100 · Contract Services</b>	5,730.00
62800 · Facilities and Equipment	
62840 · Equip Rental and Maintenance	8,510.01
62850 · Equipment	5,017.64
62880 · Rent Paid to Epps CC	1,005.00
62890 · Rent, Parking, Utilities	
62895 · ECUA	293.92
62896 · Gas	495.32
62897 · Electric	4,095.92
62890 · Rent, Parking, Utilities - Other	1,941.61
<b>Total 62890 · Rent, Parking, Utilities</b>	6,826.77
<b>Total 62800 · Facilities and Equipment</b>	21,359.42
65000 · Operations	
65020 · Postage, Mailing Service	246.35
65030 · Printing and Copying	1,501.43
65040 · Supplies	12,325.51
65050 · Telephone, Telecommunications	4,980.18
65060 · Vehicle Maintenance	252.09
65061 · Fuel Cost	146.49
<b>Total 65000 · Operations</b>	19,452.05
65035 · Food Bank	4,225.35
65095 · Truck Rental - Food bank	713.51
65100 · Other Types of Expenses	
65120 · Insurance - Liability, D and O	777.68
<b>Total 65100 · Other Types of Expenses</b>	777.68
<b>Total Expense</b>	70,466.71
<b>Net Ordinary Income</b>	-9,111.71
<b>Other Income/Expense</b>	
<b>Other Income</b>	
70010 · Refunds and Returns	3,811.91
<b>Total Other Income</b>	3,811.91
<b>Net Other Income</b>	3,811.91
<b>Net Income</b>	-5,299.80

**ECOMFORT INC**  
**Profit & Loss**  
**January through December 2020**

	Jan - Dec 20
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
43400 · Direct Public Support	
43450 · Individ, Business Contributions	72,107.33
<b>Total 43400 · Direct Public Support</b>	72,107.33
45000 · Investments	
45030 · Interest-Savings, Short-term CD	0.12
<b>Total 45000 · Investments</b>	0.12
<b>Total Income</b>	72,107.45
<b>Expense</b>	
60900 · Business Expenses	
60920 · Business Registration Fees	195.32
<b>Total 60900 · Business Expenses</b>	195.32
60921 · Business Check Fee	34.75
61000 · Expense Reimbursement	6,300.00
62100 · Contract Services	
62110 · Accounting Fees	450.00
62150 · Outside Contract Services	5,202.00
<b>Total 62100 · Contract Services</b>	5,652.00
62800 · Facilities and Equipment	
62840 · Equip Rental and Maintenance	7,168.28
62850 · Equipment	16,390.08
62880 · Rent Paid to Epps CC	11,055.00
62890 · Rent, Parking, Utilities	
62895 · ECUA	386.48
62896 · Gas	473.48
62897 · Electric	3,657.03
62890 · Rent, Parking, Utilities - Other	2,241.96
<b>Total 62890 · Rent, Parking, Utilities</b>	6,758.95
<b>Total 62800 · Facilities and Equipment</b>	41,372.31
65000 · Operations	
65010 · Books, Subscriptions, Reference	50.00
65020 · Postage, Mailing Service	574.05
65030 · Printing and Copying	1,456.96
65040 · Supplies	7,095.26
65050 · Telephone, Telecommunications	2,084.35
65061 · Fuel Cost	154.43
<b>Total 65000 · Operations</b>	11,415.05
65035 · Food Bank	3,658.11
65095 · Truck Rental - Food bank	506.11
65100 · Other Types of Expenses	
65160 · Other Costs	550.00
<b>Total 65100 · Other Types of Expenses</b>	550.00
<b>Total Expense</b>	69,683.65
<b>Net Ordinary Income</b>	2,423.80

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03/30/22

Accrual Basis

**ECOMFORT INC**  
**Profit & Loss**  
**January through December 2020**

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	<u>Jan - Dec 20</u>
<b>Other Income/Expense</b>	
<b>Other Income</b>	
70000 · Small Business Ass	1,000.00
70010 · Refunds and Returns	510.75
<b>Total Other Income</b>	<u>1,510.75</u>
<b>Net Other Income</b>	<u>1,510.75</u>
<b>Net Income</b>	<u><u>3,934.55</u></u>

**5**

**Escambia Community Clinics**



March 1, 2023

TO: Community Partners

RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

Stephan Hall  
Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024**  
**ESCAMBIA COUNTY**  
**AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [\*\*Budget@myescambia.com\*\*](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,

- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

**Agency Name:** Escambia Community Clinics, Inc. d/b/a Community Health Northwest Florida

**Agency Address:** 2315 W. Jackson St. Pensacola, FL 32505

**Program Name for which funding is being requested:** N/A

**Amount Requested:** \$414,750

**Program Contact:** Chandra Smiley, Chief Executive Officer

**Contact Email:** csmiley@healthcarewithinreach.org

**Contact Phone:** (850) 436-4630 X90105

**25-Word Description of Program:** Community Health Northwest Florida provides outpatient primary and preventive health care services to uninsured, under insured and medically needy adults and children of Escambia County.

**How many years has your organization been providing services in the County?** 31

**How many years has your organization received funding from the County?** 31

- **Explain how receiving funds from the County would have a significant impact on your organization:**  
Escambia County funding is utilized to offset healthcare for uninsured Escambia County residents. The health center uses required IGT match to draw down Low Income Pool (LIP) federal program

dollars to bring additional funds to our County to support healthcare services and initiatives for the uninsured.

### **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

**Amount Received Last Year, if applicable:** \$414,750

- **Briefly discuss how last year's funds were used?**

During Escambia County FY 22/23, Community Health Northwest Florida received \$414,750 in Escambia County funding. The health center used \$414,750 in Escambia County funds as required IGT match to draw down Low Income Pool (LIP) federal program dollars. Throughout FY22/23, the health center continues to fulfil its role as the major safety-net outpatient primary care provider in our area. During FY22/23 Community Health cared for a total of 54,198 unduplicated patients and 162,385 total patient visits (all payers and all counties). Escambia County residents with no insurance accounted for 26,186 outpatient medical, dental, behavioral health and optometry visits during County FY 2022-2023 at \$203.89 cost per visit for these patients for a total value of care of \$5,339,064. The health center again this year utilized Escambia County funding to offset the cost of primary care visits for uninsured residents. During County FY 2022-2023, Community Health saw 1,278 uninsured Escambia County dental patients and 8,208 uninsured Escambia County medical, optometry and behavioral health patients. In support of care for the uninsured, Escambia BOCC funding was also allocated to offset the cost of laboratory tests and sight-saving retinal vision scans for uninsured Escambia County residents. During FY22/23 Escambia County funding provided 12,122 lab tests offsetting a total lab cost of \$2,199,052. These laboratory tests help inform care decisions made by our providers and alert providers to significant chronic health conditions that require continued treatment and management, such as diabetes and hypertension. Escambia County funding also provided 625 retinal scans for Escambia County residents. This funding offset the cost of these retinal scans at a total cost of \$192,300. It is notable that the rate of positive pathology for sight-ending diseases is over 20% higher than the national average for retinal scans, which points to the number of CHNWF patients with serious complications from chronic disease. Through these retinal screenings, the sight of hundreds of Escambia County residents has been saved, as early intervention is vital in diagnosis and treatment of this eye disease. Because many insurance companies do not cover this special screening, the health center has absorbed the cost of the reading of the tests by Ophthalmologists. The Health Center also provided 288 Mammograms and 979 x-rays to uninsured Escambia county residents in FY 22/23 at a cost of approximately \$92,000.

Additionally, Low Income Pool funds supported our High Risk ED Case Management program which focuses on high utilizers of hospital Emergency Departments. Escambia County funding has help to offset the salary of our High Risk ED RN Navigator. This special collaborative program, now going into its' fourth year, provides intensive case management services to an identified cohort of high utilizers of ED services. These high utilizers are seen at area hospital and also use County EMS resources to get to the Emergency Room. Our High Risk RN Case Manager is actively managing a several high risk

patient cohorts. We continue to see positive results from case management, redirecting patients from utilizing costly ED resources and instead having them establish a primary care home at Community Health Northwest Florida and coaching them in management of their chronic diseases and social determinates of health. We are in the process of analyzing current ED data to identify future cohorts

- **Briefly discuss the County’s Return on Investment relative to last year’s funding? In other words, what impact did your program have on the citizens of Escambia County?**

The average cost of the health center providing an uninsured/charity care visit is \$203.89 for a total value of care of \$5,339,064 directly associated with these 26,186 Escambia resident charity care/uninsured visits during FY22/23.

During FY 22/23, Escambia County funding was used to offset Lab fees for uninsured Escambia County residents. 12,122 laboratory tests were performed at a total value of \$2,199,052. The health center also performed 625 Retinal Vision Screenings at a value of \$192,900 for Escambia County patients.

LIP funding drawn down as a result of the County match was used to fund the salary for the RN High Risk Emergency Room Navigator/Case Manager for our High Risk ED Case Management Program. No salaries are supported directly by Escambia County funding and this is the only salary supported by LIP funding drawn down by IGT match. The position is part of a High Risk Emergency Department (ED) Task force of area hospital representatives, County EMS leadership and selected social service agencies. The ED Navigator (housed at CHNWF) is singularly focused on decreasing the number of non-emergent visits to hospital EDs by patient cohorts who are identified high risk/high utilizers. The high risk cohorts continue to expand. These high utilizers of local ERs are also frequently transported by Escambia County EMS. Early in program analysis (2019) we showed a 38% in ED visits and a reduction in EMS transports by 32% for 17 patients in the introductory cohort. The savings to the county at a conservative estimate of \$700 per EMS transport translated to a \$60,000 per year impact to the County. Continued supervision and management of this high risk high utilizer ED cohort demonstrates that education and intensive case management plays an important role in these patients receiving the “right care at the right place and right time”. The High Risk ED Task Force continues to meet and is expansion of this important program is taking place after COVID had paused planned expansion in 2020 and early 2021.

### **CURRENT YEAR REQUEST**

- **Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?**

County funding of \$414,750 for this upcoming (FY23/24) budget cycle is essential for the health center to leverage required IGT match to draw down additional funds to support care for the uninsured in our community. These additional funds helps the health center to continue to fulfill its role as the largest safety net provider of outpatient healthcare services in the County. Funding from Escambia County BOCC is used to offset the cost of specific critical services, such as vital retinal/vision screenings for

diabetic and chronic disease patients and laboratory tests for uninsured Escambia County residents.

IGT match will be utilized during FY23/24 to offset primary care, behavioral health, optometry and chiropractic visits for uninsured Escambia County residents in the same way it has in the past. In the 22/23 Funding period, the amount received from AHCA for the LIP was approximately \$501,848, or 21%, more than the Escambia County Funding. The amount of return is estimated due to the AHCA formula upon receiving funding from all sources for all health centers in the state of Florida. At this time, we expect the amount of LIP allocation to increase even more for the 23/24 funding cycle, but the formula has not been released by AHCA at this time.

Additionally, we added a second X-ray machine in March 2023 at our 1400 N. Palafox St. walk-in clinic as well as a new 3D mammography machine in April 2022 at our main site at Jackson Street. With these new machines we will be able to reach many more of the uninsured and underinsured by offering these very important services at these sites.

- **Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain:**

N/A

#### **SIMILAR/PARTNER ORGANIZATIONS**

- **List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:**

Community Health Northwest Florida is the only Federally Qualified Health Center and the largest provider of outpatient primary care in our area. We are the major provider of healthcare to the uninsured/charity care population. Community Health has worked together with smaller faith-based healthcare providers (St. Joseph's Clinic, Health and Hope Clinic) for many years to serve this vulnerable and medically needy population. We share a number of patients with these faith based providers, as many charity care patients may access care at faith-based clinics and also at Community Health sites. Access to primary care by Community Health is always available to uninsured faith-based clinic patients from St. Joes and Health and Hope, and we tend to see a large number of faith based clinic patients at our walk-in location during the weekends, since we are open 80 hours per week and the faith based clinics may only be open a few hours during week days. In the past several years we have partnered with St. Joseph's Clinic to provide sight saving retinal screenings to their patients at their Intendencia St. clinic. We also see St. Josephs' patients for optometry services which have moved to our 1380 N. Palafox Street site. We have also worked in partnership with various social service agencies, organizations and faith based partners to serve the homeless. This was most impactful as the homeless population was served and worked to be relocated at the encampment under the I-110 interstate. As an active member of the Homeless Task Force, we are actively working with agencies to serve and provide healthcare services to this vulnerable population.

- **Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program.**

Escambia Community Clinics, Inc. d/b/a Community Health Northwest Florida is the area's only Federally

Qualified Health Center (FQHC) and the largest safety net provider of outpatient primary care in the area. The community health center has a thirty year history of providing comprehensive primary and preventive outpatient care to the medically needy, uninsured, underinsured, and working poor citizens of Northwest Florida (Escambia and Santa Rosa Counties and surrounding areas). With eighteen locations (sixteen of those in Escambia County) and three mobile dental and medical units for outreach, Community Health Northwest Florida provides a full range of primary care services including adult primary care, urgent/walk in care, pediatric care, women's health services, behavioral health and wellness services, oral health/dental services for adults and children, optometry, laboratory, mammography, x-ray, pharmacy, healthcare for the homeless, case management, chronic disease management, health education, and other supportive services.

Founded in 1992, the organization received designation as a Federally Qualified Health Center by the Department of Health and Human Services, Health Resources and Services Administration in 2007. We have a thirty year history of service to the residents of our service area. Committed to assuring access to affordable, quality healthcare for the underserved, underinsured and uninsured population, the health center strives to treat each person with respect, dignity, and compassion regardless of age, gender, race, religion, circumstances or ability to pay. The health center is recognized as a Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA), and is also a Community Centered Health Home (CCHH) model, working together with a network of community-minded organizations to create mutually-beneficial relationships that impacts the lives of our citizens for the better.

## **FUNDING**

- **Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.***
  - Percentage for salaries/administrative costs: N/A
  - Percentage for direct programming costs: 100%
- **If Escambia County funding can only fund a portion of your request, how will you offset the difference?**

If Escambia County funding were discontinued, the health center would be unable to send up matching funds to draw down Low Income Pool funding. If the county can only fund a portion of the request, IGT match may not be possible, thus our County may lose out on additional federal funding designed to support the cost of care for our uninsured residents.
- **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 the 22/23 funding period, the amount received from AHCA for the LIP (after the Escambia County \$414,750 funding was applied) was approximately \$501,848. This was 21%, more than the Escambia County Funding. The amount of return is estimated due to the AHCA formula upon receiving funding from all sources for all health centers in the state of Florida. At this time, we expect the amount of LIP allocation to increase even more for the 23/24 funding cycle, but the formula has not been released by AHCA at this time.

In addition to direct primary care service delivery, Community Health Northwest Florida has been able to leverage Escambia County funding as IGT to draw down Federal Low Income Pool (LIP) funding to

offset the cost of primary care services for the uninsured citizens of our community. The Low Income Pool (LIP) is "established to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations." LIP is a component of the State's Medicaid 1115 Demonstration Waiver, approved through the Center for Medicare and Medicaid Services. The heart of this program's intent is a public-private partnership that secures local investments in providers caring for their communities to enhance the return on the investment in health care for those most in need through matching federal funds. These local investments are called intergovernmental transfers (IGT), as they are arrangements on behalf of local providers that are made between local governments and the Agency for Health Care Administration (AHCA, Florida Medicaid Agency, the Agency). LIP funds may be used for health care expenditures that would be within the definition of medical assistance in Section 1905(a) of the Act. FQHCs across Florida utilize these funds to cover the costs of providing uncompensated care to the identified populations – uninsured and underinsured patients. CMS approved the continuation of LIP until 2030.

- **Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.**

There is no duplication in funding to Community Health Northwest Florida. In 1991, Escambia County government, Sacred Heart Hospital, and Baptist Hospital came together to form Escambia Community Clinics, Inc. (ECC). As a result of this forward-thinking partnership, for the past thirty years, Escambia Community Clinics (now Community Health Northwest Florida) has served as a primary care medical home for the most vulnerable in our community; the medically needy, uninsured, underinsured, and working poor citizens of Escambia County, regardless of their ability to pay. This partnership has resulted in a savings to Escambia County of millions of dollars each year.

-Baptist Hospital: \$550,000 in Community Benefits funding to offset charity care/ER diversion & navigation of patients from hospital ER to establish outpatient primary care medical home.

-Sacred Heart Hospital: \$550,000 in Community Benefits funding to offset charity care/ER diversion & navigation of patients from hospital ER to establish outpatient primary care medical home

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1.Number of Charitable Visits – Escambia County Residents	30,910	26,910	26,186	-3%
2.Expense per Charitable Visit	203.89	203.89	203.89	0%
3.Value of Care Provided through Charitable Support of Escambia County	6,302,240	5,486,680	5,339,064	-3%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Number of Charitable Visits – Escambia County Residents	30,114
2. Expense per Charitable Visit	\$203.89
3. Value of Care Provided through Charitable Support of Escambia County	\$2,731,514

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23 (FYTD 2Q)
1. Number of Charitable Visits – Escambia County Residents	13,397
2. Expense per Charitable Visit	\$203.89
3. Value of Care Provided through Charitable Support of Escambia County	\$2,731,514

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$43,473	\$6,000	\$6,240
Programmatic Income	\$24,429,775	\$20,211,460	\$21,019,918
County Funding/Direct Contribution	\$414,750	\$491,423	\$533,021
County Funding by Other Source (a)	\$0	\$0	\$0
City Funding	\$0	\$0	\$0
Local Non-Profit Funding	\$984,500	\$998,578	\$1,038,521
State Funding	\$1,022,368	\$933,156	\$948,541
Federal Funding	\$9,110,165	\$6,500,004	\$6,760,004
Memberships	\$0	\$0	\$0
Investment Income	\$9,792	\$20,000	\$20,800
Other Income (b)	\$11,664,581	\$14,098,130	\$14,662,055
Total Income	\$47,679,404	\$43,258,751	\$44,989,100

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) N/A

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.

Other Expenses line item represents actual bad debt, depreciation and amortization, insurance, legal and accounting fees, security and contributions made.

EXPENSES TABLE			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	334	330	330
Salaries and Wages	\$20,528,920	\$20,900,000	\$21,736,000
Employee Benefits	\$5,493,323	\$5,277,250	\$5,488,340
Professional Services	\$885,087	\$764,835	\$795,428
Contractual Services	\$2,075,246	\$1,602,870	\$1,666,985
Travel Expenses	\$297,330	\$243,375	\$253,110
Rentals and Leases	\$1,247,999	\$1,624,221	\$1,689,190
Communication	\$0	\$0	\$0
Postage and Freight	\$35,164	\$0	\$0
Repair and Maintenance	\$1,195,635	\$887,110	\$922,594
Printing and Binding	\$0	\$0	\$0
Marketing and Promotion	\$508,091	\$0	\$0
Fuel	\$0	\$0	\$0
Supplies	\$10,545,539	\$8,781,295	\$9,132,547
Event Expenses	\$0	\$0	\$0
Capitalizable Assets for County Funding (a)	\$1,006,775	\$1,050,790	\$1,092,822
Other Expenses (b)	\$4,198,440	\$2,723,323	\$2,832,256
Total Expenses	\$48,017,549	\$43,855,069	\$45,609,272
Net Income - (Revenue minus Expense)	(\$338,145)	(\$596,318)	(\$620,172)

- (a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. N/A
- (b) Please explain any request listed in the "Other Expenses" line item. N/A

**BUDGET QUESTIONS**

- 1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Calendar
- 2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements :

Our financial statements include revenues and expenses for facilities located outside of Escambia County. Community Health Northwest Florida, Escambia County and State of Florida all operate on different fiscal years. CHNWF operates on a calendar fiscal year.

- 3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?

Net income is reinvested in the community through providing care to uninsured and underinsured patients and the acquisition of additional medical equipment i.e., X-rays, ultrasounds, etc. to utilize in patient care.

- 4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
George Smith, MD	Physician / Chief Medical Officer	\$231,750
Cristina Resczenski, DO	Physician	\$231,134
Sitemblee Lee, DO	Physician	\$226,602
Joseph Klawitter, MD	Pediatrician / Director of Pediatrics	\$226,600
Pamela Grier-Hall, MD	Pediatrician	\$226,600

- 5. Please provide the total amount of cash and investments on hand.

\$5,461,485

- 6. Does your organization charge fees for services? If so, provide a list of fees charged.

The Health Center does have a fee schedule, primarily for filing insurance claims. As a Federally Qualified Health Center, it is a federal mandate that we maintain a sliding fee program based on household income for uninsured patients. Our sliding fee program charges between \$0 and \$40 per visit, with a majority of patients paying \$0 per visit.

- 7. Does your organization require background checks from volunteers and staff?

Yes; all employees must pass a Level II background check.

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental

questions. If you are not an economic development agency, please mark N/A: N/A

1. **What is your agency's Strategic Plan?** N/A
2. **How many jobs were created this year over last year by zip code?** N/A
3. **What is the net cost per job created?** N/A

**ADDITIONAL QUESTIONS (Economic Development)**

**1. What was done by your agency to address the "Pockets of Poverty"?**

Our main Jackson Street administration/service delivery site is located in Brownsville, and Community Health's top patient zip code is 32505, where 16% of our patients resided in 2022. This zip code has the highest crime rate, least economically developed neighborhoods, and the highest risk for social concerns in the area. Our work as a community health center focuses on both primary health care and Social Determinates of Health (SDOH), such as poverty, homelessness and food insecurity, which are key drivers of our patients' negative health status. We have gained national recognition for initiatives as a Community Centered Health Home (CCHH) model, reaching beyond our health center walls to impact communities in need in a number of different advocacy efforts. Our four year Oakwood Terrace program to provide food and education for Oakwood Terrace residents has had far reaching positive impacts. As the major provider of primary care to the uninsured and underinsured residents of Escambia County, we continue to work to break down any barriers to care and create critical access to primary care, especially for those who reside in pockets of poverty.

**2. Did your agency receive any grants? List the amount and a detailed use of the funds.**

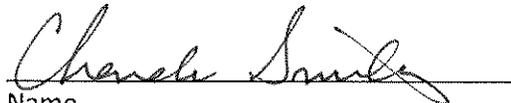
We receive Community Benefits funding from both Baptist and Ascension Sacred Heart Hospitals (\$550,000 per year) to offset cost to provide primary care to uninsured patients. During 2022 we also received \$35,000 in funding from Delta Dental Community Foundation to offset co-pays for uninsured dental patients. As a Federally Qualified Health Center, we receive funds from the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, including specially targeted COVID and recovery funding.

**3. Was there any increase in membership for the local chambers? N/A**

**4. What are your agency's statistics on business creation and minority businesses by zip code?**

Using IMPLAN modeling software from the Florida Association of Community Health Centers (FACHC) Community Health Northwest Florida accounted for 568 jobs in 2022 throughout the service area, providing for jobs both at Center sites and throughout the neighborhoods and communities in which we are located. In addition to the 334 CHC positions (direct jobs), 234 additional indirect/induced jobs are sustained as a result of activity generated by the Center and staff. FACHC has estimated Community Health's economic impact at \$79,626,200 in 2022. There is a return on investment of 172% for each \$1.00 invested in the Community Health Center.

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

  
Name  
  
Title  
  
Date

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Escambia Community Clinics, Inc.</b>		
	2 Business name/disregarded entity name, if different from above <b>d/b/a Community Health Northwest Florida</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501(c)(3) - Not for Profit Corporation</b>		
	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.) See instructions. <b>2315 W. Jackson Street</b>
6 City, state, and ZIP code <b>Pensacola, FL 32505</b>	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

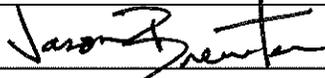
Social security number										
or										
Employer identification number										
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## Part II Certification

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 for Part II, later.

Sign Here	Signature of U.S. person ▶ 	Date ▶ <b>3-29-23</b>
-----------	----------------------------------------------------------------------------------------------------------------	-----------------------

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.*

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
C - 1130  
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

Date: JAN 12 1993

ESCAMBIA COMMUNITY CLINICS INC  
BAPTIST HOSPITAL INC  
C/O GARY B LEUCHTMAN ESO  
P O BOX 12950  
PENSACOLA, FL 32576

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

Dear Applicant:

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

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

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

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

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

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

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

Letter 947 (01/1993)

ESCAMBIA COMMUNITY CLINICS INC

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

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

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

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

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

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

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

(Letter 947/00/00)

ESCAMBIA COMMUNITY CLINICS INC

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

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

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

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

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

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

Sincerely yours,



Paul Williams  
District Director

Enclosure(s):  
Addendum

ESCAMBIA COMMUNITY CLINICS INC

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 I.R.B. 18.

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



## Consumer's Certificate of Exemption

DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012618213C-7	11/30/2012	11/30/2017	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ESCAMBIA COMMUNITY CLINICS INC  
2200 N PALAFOX ST  
PENSACOLA FL 32501-1723

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.



NOVEMBER 1, 2022

ESCAMBIA COMMUNITY CLINICS INC.  
2315 W JACKSON ST.  
PENSACOLA, FL 32505

ESCAMBIA COMMUNITY CLINICS INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

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

SINCERELY,

*Warren Averett, LLC*

WARREN AVERETT, LLC



LET'S THRIVE TOGETHER



## TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

ESCAMBIA COMMUNITY CLINICS INC.  
2315 W JACKSON ST.  
PENSACOLA, FL 32505

---

**PREPARED BY:**

WARREN AVERETT, LLC  
350 W CEDAR STREET, SUITE 400  
PENSACOLA, FL 32502

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>ESCAMBIA COMMUNITY CLINICS INC.</b>	EIN or SSN <b>59-3105246</b>
Name and title of officer or person subject to tax <b>CHANDRA SMILEY CEO</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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 one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,875,862.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize WARREN AVERETT, LLC to enter my PIN 05246  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax \_\_\_\_\_ 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. **59356059356**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 11/01/22

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>ESCAMBIA COMMUNITY CLINICS INC.</b>		<b>D</b> Employer identification number <b>59-3105246</b>
	Doing business as <b>COMMUNITY HEALTH NORTHWEST FLORI</b>		<b>E</b> Telephone number <b>850-436-4630</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2315 W JACKSON ST.</b>	<b>G</b> Gross receipts \$ <b>41,875,862.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>PENSACOLA, FL 32505</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>CHANDRA SMILEY, MSW</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
<b>J</b> Website: ▶ <b>WWW.HEALTHCAREWITHINREACH.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1993</b>	<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE COMPREHENSIVE PRIMARY AND PREVENTIVE HEALTH CARE SERVICES TO RESIDENTS OF ESCAMBIA COUNTY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>473</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 12,734,577.	<b>Current Year</b> 10,396,376.
	<b>9</b> Program service revenue (Part VIII, line 2g)	26,822,442.	30,788,897.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,213.	1,323.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	753,477.	689,266.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,293,283.	41,875,862.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	979,664.	733,410.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,513,265.	25,912,708.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,819,666.	12,573,997.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,312,595.	39,220,115.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,980,688.	2,655,747.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 18,862,246.	<b>End of Year</b> 21,893,175.
	<b>21</b> Total liabilities (Part X, line 26)	2,940,658.	3,315,840.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	15,921,588.	18,577,335.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>CHANDRA SMILEY, MSW, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CLAIRE C. DUREN, CPA</b>	Preparer's signature <i>Claire Duren</i>	Date <b>11/01/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01577924</b>
	Firm's name ▶ <b>WARREN AVERETT, LLC</b>	Firm's EIN ▶ <b>45-4084437</b>		Phone no. <b>850-435-7400</b>	
Firm's address ▶ <b>350 W CEDAR STREET, SUITE 400</b> <b>PENSACOLA, FL 32502</b>					

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: THE MISSION OF ESCAMBIA COMMUNITY CLINICS, INC. IS TO PROVIDE COMPREHENSIVE PRIMARY AND PREVENTIVE HEALTH CARE SERVICES TO RESIDENTS OF ESCAMBIA COUNTY AND THE SURROUNDING AREA. ESCAMBIA COMMUNITY CLINICS, INC. IS COMMITTED TO ASSURING ACCESS TO CARE FOR THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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 \$ 25,466,553. including grants of \$ 733,410. ) (Revenue \$ 31,478,163. ) PATIENT SERVICES - TO PROVIDE QUALITY AMBULATORY MEDICAL CARE TO THE INDIGENT OF THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY.

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

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

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

4e Total program service expenses 25,466,553.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>	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>	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>		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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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>		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>		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> 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? <i>If "Yes," complete Schedule G, Part II</i>		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>		X
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	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		473
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</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
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

**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 on 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
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **JASON BREWSTER - 850-436-4630**  
**2315 WEST JACKSON STREET, PENSACOLA, FL 32505**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) GEORGE SMITH CHIEF MEDICAL OFFICER	40.00			X			224,160.	0.	34,423.	
(2) JOSEPH-CHARLES MARDINI MEDICAL DOCTOR	40.00					X	227,852.	0.	25,305.	
(3) P. MICHELLE GRIER-HALL MEDICAL DOCTOR	40.00					X	214,754.	0.	35,919.	
(4) JACINTA WATKINS-LAMONTAGNE CHIEF DENTAL OFFICER	40.00			X			220,225.	0.	26,761.	
(5) CHANDRA SMILEY CHIEF EXECUTIVE OFFICER	34.00 6.00			X			230,497.	0.	13,505.	
(6) MARIAN STEWART MEDICAL DOCTOR	40.00					X	200,097.	0.	34,713.	
(7) GABRIEL HERNANDEZ MEDICAL DOCTOR	40.00					X	216,214.	0.	14,404.	
(8) MATTHEW SOUTHWICK MEDICAL DOCTOR	40.00					X	215,487.	0.	14,574.	
(9) DARRELL MILLER CHIEF PHARMACY OFFICER	40.00			X			160,900.	0.	24,325.	
(10) JASON BREWSTER CHIEF FINANCIAL OFFICER	40.00			X			139,924.	0.	25,724.	
(11) THOMAS ANDERSON CHIEF ADMINISTRATIVE OFFICER	40.00			X			125,549.	0.	29,651.	
(12) ANN PAPADELIAS CHIEF COMMUNITY ENGAGEMENT	40.00			X			120,747.	0.	27,286.	
(13) JOHN CARNES CHIEF INFORMATION OFFICER	40.00			X			122,560.	0.	24,713.	
(14) SUNNY NOTIMOH CHIEF EMPLOYEE SERVICES OF	40.00			X			112,581.	0.	23,056.	
(15) JOHN PORTER PRESIDENT	2.00 3.00	X		X			0.	0.	0.	
(16) JULES KARIHER VICE-PRESIDENT	2.00 2.00	X		X			0.	0.	0.	
(17) JUSTIN LABRATO TREASURER	2.00 2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WALTER "BUZZ" RITCHIE SECRETARY	1.00 1.00	X		X				0.	0.	0.
(19) ANN OSINAME DIRECTOR	0.50 0.50	X						0.	0.	0.
(20) DAISY WHITE DIRECTOR	0.50 0.50	X						0.	0.	0.
(21) FREDDIE CATTOUSE DIRECTOR	0.50 0.50	X						0.	0.	0.
(22) BOB WILSON DIRECTOR	0.50 0.50	X						0.	0.	0.
(23) JOSEPH "BRUNIE" EMMANUEL, JR. DIRECTOR	0.50 0.50	X						0.	0.	0.
(24) DOROTHY FOSTER DIRECTOR	0.50 0.50	X						0.	0.	0.
(25) SEAN SEELY DIRECTOR	0.50 0.50	X						0.	0.	0.
(26) BRETT ALDRIDGE DIRECTOR	0.50 0.50	X						0.	0.	0.
<b>1b Subtotal</b>								2,531,547.	0.	354,359.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,531,547.	0.	354,359.

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 **14**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		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**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	9,181,145.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,215,231.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			10,396,376.			
Program Service Revenue	<b>2 a</b> PATIENT SERVICES	Business Code	621990	18,528,328.	18528328.		
	<b>b</b> 340B PRESCRIPTION DRUG ASSISTANCE		621990	8,406,008.	8,406,008.		
	<b>c</b> CAPITATION REVENUE		621990	3,554,110.	3,554,110.		
	<b>d</b> PHARMACY SERVICES		621990	300,451.	300,451.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			30,788,897.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,323.		1,323.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER CLINIC REVENUE	Business Code	812900	432,645.	432,645.		
	<b>b</b> OTHER INCOME		812900	256,621.	256,621.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			689,266.			
<b>12 Total revenue.</b> See instructions			41,875,862.	31478163.	0.	1,323.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	733,410.	733,410.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,686,588.	1,180,612.	505,976.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	18,524,712.	10,969,113.	7,555,599.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	4,252,957.	2,528,830.	1,724,127.	
<b>10</b> Payroll taxes .....	1,448,451.	869,071.	579,380.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	34,621.	19,041.	15,580.	
<b>c</b> Accounting .....	71,025.	39,064.	31,961.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,933,289.	1,901,516.	31,773.	
<b>12</b> Advertising and promotion .....	285,029.	71,257.	213,772.	
<b>13</b> Office expenses .....	59,279.	34,954.	24,325.	
<b>14</b> Information technology .....	595,579.	416,905.	178,674.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,651,340.	990,804.	660,536.	
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	117,847.	94,278.	23,569.	
<b>20</b> Interest .....	6,389.	6,389.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	788,097.	630,478.	157,619.	
<b>23</b> Insurance .....	303,344.	182,006.	121,338.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES</b>	3,310,236.	2,109,466.	1,200,770.	
<b>b</b> <b>PRESCRIPTION DRUGS</b>	1,566,354.	1,566,354.		
<b>c</b> <b>MISCELLANEOUS EXPENSE</b>	992,748.	539,977.	452,771.	
<b>d</b> <b>REPAIRS AND MAINTENANCE</b>	549,364.	329,618.	219,746.	
<b>e</b> All other expenses	309,456.	253,410.	56,046.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	39,220,115.	25,466,553.	13,753,562.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,183,296.	<b>1</b>	5,024,261.
	<b>2</b> Savings and temporary cash investments .....	125,192.	<b>2</b>	2,026,246.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	4,239,614.	<b>4</b>	7,199,545.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	153,015.	<b>8</b>	242,696.
	<b>9</b> Prepaid expenses and deferred charges .....	66,809.	<b>9</b>	89,527.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,243,356.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,480,600.		
		1,723,093.	<b>10c</b>	2,762,756.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,611,072.	<b>13</b>	1,867,693.
	<b>14</b> Intangible assets .....	650,610.	<b>14</b>	826,978.
<b>15</b> Other assets. See Part IV, line 11 .....	109,545.	<b>15</b>	1,853,473.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	18,862,246.	<b>16</b>	21,893,175.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,574,786.	<b>17</b>	3,048,473.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	500.	<b>19</b>	500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	365,372.	<b>23</b>	266,867.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,940,658.	<b>26</b>	3,315,840.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,921,588.	<b>27</b>	18,577,335.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	15,921,588.	<b>32</b>	18,577,335.
	<b>33</b> Total liabilities and net assets/fund balances .....	18,862,246.	<b>33</b>	21,893,175.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	41,875,862.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	39,220,115.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,655,747.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	15,921,588.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	18,577,335.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 on 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>b</b> Did the activities described on line 2a, above, 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

ESCAMBIA COMMUNITY CLINICS INC.

Employer identification number

59-3105246

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization  <b>ESCAMBIA COMMUNITY CLINICS INC.</b>	Employer identification number  <b>59-3105246</b>
--------------------------------------------------------------------	---------------------------------------------------------

**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	<u>SACRED HEART HOSPITAL</u>  <u>5151 N 9TH AVENUE</u>  <u>PENSACOLA, FL 32504</u>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>BAPTIST HOSPITAL</u>  <u>1000 W MORENO STREET</u>  <u>PENSACOLA, FL 32501</u>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>DELTA DENTAL COMMUNITY CARE FOUNDATION</u>  <u>ONE DELTA DRIVE</u>  <u>MECHANICSBURG, PA 17055</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS</u>  <u>2340 HANSEN LN</u>  <u>TALLAHASSEE, FL 32301</u>	\$ <u>76,500.</u>	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.)

Name of organization  <b>ESCAMBIA COMMUNITY CLINICS INC.</b>	Employer identification number  <b>59-3105246</b>
--------------------------------------------------------------------	---------------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization  <b>ESCAMBIA COMMUNITY CLINICS INC.</b>	Employer identification number  <b>59-3105246</b>
--------------------------------------------------------------------	---------------------------------------------------------

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB 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 make 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 program
  - 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes    | No |
|---------------------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations                                                                                         | 3a(i)  |    |
| (ii) Related organizations                                                                                          | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,662,960.	953,737.	709,223.
c Leasehold improvements				
d Equipment		2,665,608.	1,303,841.	1,361,767.
e Other		1,914,788.	1,223,022.	691,766.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,762,756.

**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)		
<b>Total.</b> (Col. (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) INVESTMENT IN ESCAMBIA		
(2) COMMUNITY HOLDINGS, INC.	1,867,693.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,867,693.	

**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) DUE TO/FROM ECH	1,770,478.
(2) DUE TO/FROM CCS	-322,205.
(3) DEPOSITS	405,200.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,853,473.

**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)	
<b>Total.</b> (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 FASB 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.

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

**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.

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

ESCAMBIA COMMUNITY CLINICS, INC. (ECC) HAS BEEN GRANTED AN EXEMPTION FROM INCOME TAXES UNDER INTERNAL REVENUE CODE, SECTION 501(C)(3) AS A NOT-FOR-PROFIT CORPORATION. ECC IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE DISCLOSURE OR ACCRUAL IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ESCAMBIA COMMUNITY HOLDINGS, INC. 2315 W JACKSON ST. PENSACOLA, FL 32505	37-1573135	501(C)(3)	439,455.	0.			TO BE USED TO PAY DOWN DEBT ON THE NEW FACILITY

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **1.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

Schedule I (Form 990) 2021



**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**ESCAMBIA COMMUNITY CLINICS INC.**

Employer identification number

**59-3105246**

**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 (such as 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 on line 1a? .....

**3** Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2021

**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 aren't 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 and/or 1099-NEC 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) GEORGE SMITH	(i)	207,006.	17,154.	0.	14,056.	20,367.	258,583.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH-CHARLES MARDINI	(i)	181,142.	46,710.	0.	8,725.	16,580.	253,157.	0.
MEDICAL DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) P. MICHELLE GRIER-HALL	(i)	202,700.	12,054.	0.	13,597.	22,322.	250,673.	0.
MEDICAL DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACINTA WATKINS-LAMONTAGNE	(i)	204,231.	15,994.	0.	7,708.	19,053.	246,986.	0.
CHIEF DENTAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHANDRA SMILEY	(i)	190,497.	40,000.	0.	12,382.	1,123.	244,002.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIAN STEWART	(i)	188,481.	11,616.	0.	12,461.	22,252.	234,810.	0.
MEDICAL DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GABRIEL HERNANDEZ	(i)	189,554.	26,660.	0.	13,254.	1,150.	230,618.	0.
MEDICAL DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATTHEW SOUTHWICK	(i)	204,183.	11,304.	0.	13,482.	1,092.	230,061.	0.
MEDICAL DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DARRELL MILLER	(i)	150,900.	10,000.	0.	9,983.	14,342.	185,225.	0.
CHIEF PHARMACY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JASON BREWSTER	(i)	124,924.	15,000.	0.	8,645.	17,079.	165,648.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS ANDERSON	(i)	115,549.	10,000.	0.	7,861.	21,790.	155,200.	0.
CHIEF ADMINISTRATIVE OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ESCAMBIA COMMUNITY CLINICS INC.

Employer identification number

59-3105246

FORM 990, ITEM C, DOING BUSINESS AS:

COMMUNITY HEALTH NORTHWEST FLORIDA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE SURROUNDING AREA. ESCAMBIA COMMUNITY CLINICS, INC. IS COMMITTED  
TO ASSURING ACCESS TO CARE FOR THE MEDICALLY NEEDY, UNDER INSURED,  
UNINSURED, AND UNDERSERVED POPULATIONS. ESCAMBIA COMMUNITY CLINICS,  
INC. SHALL ENDEAVOR TO PROVIDE CARE WITH COMPASSION, DIGNITY AND  
RESPECT FOR EACH PERSON REGARDLESS OF ABILITY TO PAY FOR SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEDICALLY NEEDY, UNDER INSURED, UNINSURED, AND UNDERSERVED POPULATIONS.  
ESCAMBIA COMMUNITY CLINICS, INC. SHALL ENDEAVOR TO PROVIDE CARE WITH  
COMPASSION, DIGNITY AND RESPECT FOR EACH PERSON REGARDLESS OF ABILITY  
TO PAY FOR SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE AND FINANCE COMMITTEE REVIEWS AND DISCUSSES THE RETURN AT  
THEIR MONTHLY MEETING PRIOR TO THE RETURN BEING FILED. THE CURRENT YEAR  
RETURN IS COMPARED TO THE PRIOR YEAR AND ANY ISSUES ARE DISCUSSED AND  
SETTLED AT THE MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT  
COULD GIVE RISE TO CONFLICT.

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

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS. AN EXERCISE IS PERFORMED WHERE COMPARISONS ARE MADE TO LIKE POSITIONS WITHIN THE COMMUNITY AS WELL AS TO SALARY SURVEYS WITH BOTH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS THAT ARE PUBLISHED ANNUALLY. THESE FACTORS ALONG WITH THE PERFORMANCE EVALUATION ARE CONSIDERED IN ANNUAL SALARY DECISIONS. IT IS THE OBJECTIVE OF THE BOARD THAT THE EXECUTIVE DIRECTOR IS PAID WITHIN THE 40-50TH PERCENTILE OF COMPARABLE POSITIONS.

FOR OFFICERS, THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SALARY DETERMINATIONS. HER PROCESS MIRRORS THE PROCESS OUTLINED ABOVE FOR THE EXECUTIVE DIRECTOR'S SALARY. ADDITIONALLY, SHE RECEIVED APPROVAL FROM THE HR COMMITTEE TO MAKE ADJUSTMENTS TO OFFICER SALARIES.

THESE PROCESSES ARE THE SAME FOR BOTH BASE SALARY AND YEAR-END BONUS DETERMINATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

MANAGEMENT DISCLOSES GOVERNING DOCUMENTS IN RESPONSE TO WRITTEN REQUESTS OF THE DOCUMENTS.

FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING

THE EXECUTIVE AND FINANCE COMMITTEE SERVES AS THE ORGANIZATION'S AUDIT COMMITTEE. THIS COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY CLINIC SERVICES, INC. - 81-1786990 2315 W JACKSON ST. PENSACOLA, FL 32505	TO SUPPORT HEALTH CARE FACILITIES IN MEDICALLY UNDERSERVED AREAS	FLORIDA	501(C)(3)	LINE 12A, I	ESCAMBIA COMMUNITY CLINICS, INC.	X	
ESCAMBIA COMMUNITY HOLDINGS, INC. - 37-1573135, 2315 W JACKSON ST., PENSACOLA, FL 32505	TO SUPPORT HEALTH CARE FACILITIES IN MEDICALLY UNDERSERVED AREAS	FLORIDA	501(C)(3)	LINE 12A, I	ESCAMBIA COMMUNITY CLINICS, INC.	X	

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

Schedule R (Form 990) 2021

**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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) ESCAMBIA COMMUNITY HOLDINGS, INC.	B	439,455.	CASH VALUE
(2) COMMUNITY CLINIC SERVICES, INC.	O	251,920.	PER CONTRACT
(3) COMMUNITY CLINIC SERVICES, INC.	M	297,017.	PER CONTRACT
(4)			
(5)			
(6)			





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ESCAMBIA COMMUNITY CLINICS INC.</b>	Taxpayer identification number (TIN) <b>59-3105246</b>
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. <b>2315 W JACKSON ST.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32505</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

**JASON BREWSTER**

- The books are in the care of ▶ **2315 WEST JACKSON STREET - PENSACOLA, FL 32505**

Telephone No. ▶ **850-436-4630** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2021** 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**ESCAMBIA COMMUNITY CLINICS, INC.  
d/b/a COMMUNITY HEALTH  
NORTHWEST FLORIDA**

**CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2020 AND 2019**



**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
TABLE OF CONTENTS  
DECEMBER 31, 2020 AND 2019**

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<b>INDEPENDENT AUDITORS' REPORT</b>	1
<b>CONSOLIDATED FINANCIAL STATEMENTS</b>	
Consolidated Statements of Financial Position	4
Consolidated Statements of Activities	5
Consolidated Statements of Functional Expenses	6
Consolidated Statements of Cash Flows	8
Notes to the Consolidated Financial Statements	9
<b>SUPPLEMENTARY INFORMATION</b>	
Consolidating Statement of Financial Position	23
Consolidating Statement of Activities	25
Schedules of Grants, Contracts and Reimbursements Revenue	26
<b>COMPLIANCE SECTION</b>	
Schedule of Expenditures of Federal Awards	27
Notes to the Schedule of Expenditures of Federal Awards	28
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	29
Independent Auditors' Report on Compliance for each Major Federal Program and on Internal Control over Compliance Required by Uniform Guidance	31
Schedule of Findings and Questioned Costs	33

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
Escambia Community Clinics, Inc.  
d/b/a Community Health Northwest Florida

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of Escambia Community Clinics, Inc., (d/b/a Community Health Northwest Florida) (a nonprofit organization) and subsidiaries, which comprise the consolidated statements of financial position as of December 31, 2020 and 2019, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended and the related notes to the consolidated financial statements.

### **Management's Responsibility for the Consolidated 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 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 consolidated financial statements are free from 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 auditors' 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 auditors consider 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 consolidated financial position of Escambia Community Clinics, Inc. and subsidiaries as of December 31, 2020 and 2019, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

## **Other Matters**

### *Supplementary Information*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position and activities and the schedules of grants, contracts and reimbursements revenue, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies, and it is 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 consolidated 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.

## **Other Information**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is 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 consolidated 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.

**Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated July 20, 2021, on our consideration of Escambia Community Clinics, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Escambia Community Clinics, Inc.'s internal control over financial reporting and compliance.

*Warren Averett, LLC*

Pensacola, Florida  
July 20, 2021

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 10,640,863	\$ 4,351,578
Patient services receivable, net	1,981,839	3,811,758
Other receivables	2,206,041	1,869,037
Prepaid expenses and other current assets	<u>556,146</u>	<u>995,252</u>
Total current assets	15,384,889	11,027,625
<b>PROPERTY AND EQUIPMENT, NET</b>	10,581,681	10,980,386
<b>GOODWILL</b>	650,610	729,202
<b>OTHER ASSETS</b>		
Long-term note receivable – NMTC	<u>4,316,554</u>	<u>4,316,554</u>
Total other assets	<u>4,316,554</u>	<u>4,316,554</u>
<b>TOTAL ASSETS</b>	<u>\$ 30,933,734</u>	<u>\$ 27,053,767</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 615,366	\$ 622,152
Accrued salaries and related expenses	897,477	719,241
Accrued compensated absences	1,061,943	866,101
Other current liabilities	500	5,000
Interest rate swaps	205,602	60,107
Current portion of long-term debt	<u>680,682</u>	<u>603,784</u>
Total current liabilities	3,461,570	2,876,385
<b>LONG-TERM LIABILITIES</b>		
NMTC - see note 6	6,417,094	6,417,094
Notes payable	<u>5,133,482</u>	<u>5,819,388</u>
Total long-term liabilities	<u>11,550,576</u>	<u>12,236,482</u>
<b>TOTAL LIABILITIES</b>	15,012,146	15,112,867
<b>NET ASSETS</b>		
Without donor restrictions	<u>15,921,588</u>	<u>11,940,900</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 30,933,734</u>	<u>\$ 27,053,767</u>

See notes to the consolidated financial statements.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATED STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<b>OPERATING REVENUES</b>		
Net patient service revenues	\$ 14,922,293	\$ 17,234,516
340B prescription drug assistance program	8,126,820	8,192,657
Capitation revenue	3,261,022	3,143,336
Pharmacy services, net of costs of goods sold	200,553	386,117
Other	619,175	502,223
Total operating revenues	<u>27,129,863</u>	<u>29,458,849</u>
<b>PUBLIC SUPPORT</b>		
Grant, contracts, and reimbursements	<u>8,395,305</u>	<u>6,697,391</u>
<b>TOTAL OPERATING REVENUES AND PUBLIC SUPPORT</b>	35,525,168	36,156,240
<b>FUNCTIONAL EXPENSES</b>		
Healthcare services	25,726,089	24,820,993
Support services	<u>9,644,736</u>	<u>10,099,543</u>
Total functional expenses	<u>35,370,825</u>	<u>34,920,536</u>
<b>INCOME FROM OPERATIONS</b>	154,343	1,235,704
<b>OTHER INCOME (EXPENSES)</b>		
Interest income	61,425	89,730
Interest expense	(441,205)	(489,762)
PPP grant income	4,324,100	-
Other income (expenses)	<u>(117,975)</u>	<u>(115,272)</u>
Total other income (expenses), net	<u>3,826,345</u>	<u>(515,304)</u>
<b>CHANGE IN NET ASSETS</b>	3,980,688	720,400
<b>NET ASSETS AT BEGINNING OF YEAR</b>	<u>11,940,900</u>	<u>11,220,500</u>
<b>NET ASSETS AT END OF YEAR</b>	<u><u>\$ 15,921,588</u></u>	<u><u>\$ 11,940,900</u></u>

See notes to the consolidated financial statements.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2020**

	<b>Healthcare Services</b>	<b>Support Services</b>	<b>Total</b>
<b>SALARIES AND RELATED EXPENSES</b>			
Salaries	\$ 13,310,017	\$ 6,132,624	\$ 19,442,641
Payroll taxes and fringe benefits	3,640,795	1,676,810	5,317,605
Total salaries and related expenses	16,950,812	7,809,434	24,760,246
<b>OTHER EXPENSES</b>			
Prescription drugs	2,061,887	-	2,061,887
Occupancy	491,689	327,792	819,481
Physician professional	1,101,304	-	1,101,304
Supplies	2,443,356	-	2,443,356
Telephone & utilities	303,282	202,188	505,470
Conferences	80,201	14,153	94,354
Depreciation and amortization	846,919	211,730	1,058,649
Dues & memberships	77,658	13,704	91,362
Equipment rental	7,737	30,948	38,685
Miscellaneous	84,609	338,438	423,047
Postage & shipping	20,666	2,296	22,962
Professional fees	50,526	41,339	91,865
Recruitment cost	61,826	6,870	68,696
Repairs & maintenance	266,531	177,688	444,219
Insurance	143,840	95,893	239,733
Contractual services	323,753	35,973	359,725
Software fees	346,962	148,698	495,660
Advertising	62,531	187,592	250,123
Total other expenses	8,775,277	1,835,302	10,610,578
<b>TOTAL EXPENSES</b>	<b>\$ 25,726,089</b>	<b>\$ 9,644,736</b>	<b>\$ 35,370,825</b>

See notes to the consolidated financial statements.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2019**

	<b>Healthcare Services</b>	<b>Support Services</b>	<b>Total</b>
<b>SALARIES AND RELATED EXPENSES</b>			
Salaries	\$ 13,010,956	\$ 5,994,830	\$ 19,005,786
Payroll taxes and fringe benefits	3,319,955	1,529,044	4,848,999
Total salaries and related expenses	16,330,911	7,523,874	23,854,785
<b>OTHER EXPENSES</b>			
Prescription drugs	2,289,058	-	2,289,058
Occupancy	503,604	335,737	839,341
Physician professional	1,141,900	-	1,141,900
Supplies	1,868,101	98,321	1,966,422
Telephone & utilities	285,350	190,233	475,583
Conferences	292,652	51,645	344,297
Depreciation and amortization	800,205	200,051	1,000,256
Dues & memberships	243,155	42,910	286,065
Equipment rental	5,091	20,362	25,453
Miscellaneous	114,556	458,222	572,778
Postage & shipping	25,108	2,790	27,898
Professional fees	-	89,059	89,059
Recruitment cost	22,404	2,489	24,893
Repairs & maintenance	276,111	184,074	460,185
Insurance	134,878	89,919	224,797
Contractual services	-	417,637	417,637
Software fees	416,698	178,586	595,284
Advertising	71,211	213,634	284,845
Total other expenses	8,490,082	2,575,669	11,065,751
<b>TOTAL EXPENSES</b>	<b>\$ 24,820,993</b>	<b>\$ 10,099,543</b>	<b>\$ 34,920,536</b>

See notes to the consolidated financial statements.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 3,980,688	\$ 720,400
Adjustments to reconcile change in net assets to cash flows provided by operating activities:		
Amortization	78,592	59,416
Depreciation	980,057	940,840
Provision for implicit price concessions	(200,553)	(386,117)
Changes in assets and liabilities:		
Patient services receivable	2,030,472	(339,190)
Other receivables	(337,004)	(402,659)
Prepaid expenses and other current assets	584,601	(461,546)
Accounts payable	(6,786)	(285,975)
Accrued salaries and related expenses	178,236	90,285
Accrued compensated absences	195,842	140,411
Other liabilities	(4,500)	(30,026)
Net cash provided by operating activities	<u>7,479,645</u>	<u>45,839</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of pharmacy assets	-	(350,000)
Purchase of property and equipment	(598,342)	(646,910)
Disposal of property and equipment	16,990	18,999
Net cash used in investing activities	<u>(581,352)</u>	<u>(977,911)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Principal payments on debt	(736,007)	(482,374)
Borrowings on debt	126,999	-
Net cash used in financing activities	<u>(609,008)</u>	<u>(482,374)</u>
<b>NET INCREASE (DECREASE) IN CASH</b>	6,289,285	(1,414,446)
<b>CASH AT BEGINNING OF YEAR</b>	<u>4,351,578</u>	<u>5,766,024</u>
<b>CASH AT END OF YEAR</b>	<u>\$ 10,640,863</u>	<u>\$ 4,351,578</u>
<b>SUPPLEMENTAL CASH FLOW INFORMATION</b>		
Cash paid for interest	<u>\$ 441,205</u>	<u>\$ 489,762</u>
Pharmacy assets acquired through note payable	<u>\$ -</u>	<u>\$ 471,350</u>

See notes to the consolidated financial statements.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

---

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

**Description of Organization**

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

**Principles of Consolidation**

In accordance with generally accepted accounting principles, the accompanying consolidated financial statements include the financial activities of ECC and two subsidiaries. Escambia Community Holdings (ECH) is a wholly owned subsidiary of ECC. Community Clinics Services (CCS) is wholly owned by ECC and ECH. All significant intercompany transactions have been eliminated in the accompanying consolidated financial statements.

**Escambia Community Holdings, Inc.**

ECH, a subsidiary, was incorporated and formed in 2008 to support the establishment and continuation of health care facilities to serve the medically underserved population. This entity had two members, Sacred Heart Health System, Inc. (SHH) and Baptist Hospital, Inc. (BH), related parties (see Note 12). ECH held cash and owned land and a building. The building was previously rented to and occupied by ECC. In 2014, the building was severely flooded and unable to be occupied. In March 2016, SHH and BH transferred their interest in ECH to ECC. The ECH Board of Directors consists of one representative from the ECC Board, along with two independent board members. The ECH acquisition was critical to the New Market Tax Credit transaction that occurred in 2016 as described in Note 7.

**Community Clinics Services, Inc.**

In 2016, ECC formed CCS to meet certain census tracking requirements related to the new facility under construction. ECC and ECH are the two members of CCS. The CCS Board of Directors is substantively the same as the ECC Board of Directors. CCS is the Qualified Active Low-Income Business (QALICB), receiving proceeds from the New Market Tax Credit transaction to fund the new facility construction project as described in Note 7.

**New Accounting Pronouncement**

Effective January 1, 2019, ECC adopted ASU-2014-09, “*Revenue from Contracts with Customers (Topic 606)*,” which amends existing revenue recognition standards and establishes a new Accounting Standards Codification (“ASC”) Topic 606. The core principle of this amendment is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects consideration to which the entity expects to be entitled in exchange for these goods or services. The adoption of ASC 606 did not result in a change of timing of the ECC’s revenue recognition.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

---

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

**Financial Statement Presentation**

ECC is required to report information regarding its financial position and activities according to two classes of net assets: with donor restrictions or without donor restrictions. Net assets are classified based on donor restrictions, if any, that may or may not be met by actions of management or by the passage of time. Currently, there are no net assets with donor restrictions.

**Net Patient Service Revenue and Accounts Receivable**

Patient care service revenue is reported at the amount that reflects the consideration to which ECC expects to be entitled in exchange for providing patient care. Patient receivables represent amounts due from patients and third-party payors (including health insurers and government payors).

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

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

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

The ECC reports patient accounts receivable for services rendered at net realizable amounts from third-party payors, patients and others. Net patient services revenue is recognized in the period services are provided at the estimated net realizable amount from Medicare, Medicaid, commercial insurers, other third-party payors and patients. Established rates are maintained for patient services provided; however, actual collectible revenue is normally realized at a discount to these rates. Contractual adjustments represent the difference between the amounts billed for these services and the amounts that are reimbursable by third-party payors.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. ECC estimates the transaction price for patients with deductibles and coinsurance and for those who self-pay based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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

**Net Patient Service Revenue and Accounts Receivable – Continued**

Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. There are various factors that can impact the collection trends, such as a change in the general economy, which in turn have an impact on unemployment rates and the number of uninsured and underinsured patients, the increased burden of copayments to be made by patients with insurance and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and the revenue estimation process. As a practical expedient, the Company adopted a portfolio approach for the patient service revenue stream to group contracts with similar characteristics and analyze historical cash collections trends. The contracts within the portfolio share the characteristics conducive to ensuring that the results do not materially differ under the new standard if it were to be applied to individual patient contracts related to each patient encounter.

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

**Charity Care**

Quality medical care is provided to all persons requiring treatment regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of ECC. In assessing a patient's inability to pay, ECC utilizes the most recently published Federal poverty income guidelines. In addition, charity services include charges for services provided to Medicaid patients less payments actually received. These charges are included in net patient service revenue. The cost of charity care provided by ECC for the years ended December 31, 2020 and 2019, was \$8,907,432 and \$9,420,959, respectively.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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

**Grant and Contract Revenue**

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

**Capitation Revenue**

ECC has agreements with managed care organizations and the Department of Public Health to provide medical services to subscribing participants. Under these agreements, ECC receives monthly capitation payments based on the number of each plan's participants assigned to ECC, regardless of services actually performed by ECC.

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

ECC offers reduced price medications to low income uninsured patients through arrangements with contracted pharmacies. Revenue is earned as prescriptions are filled and provided to patients.

**Cash and Cash Equivalents**

For the purpose of the statements of cash flows, ECC considers as cash equivalents, all highly-liquid investments, which can be converted to cash and have a maturity period of 90 days or less at the time of purchase.

**Property and Equipment**

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

Buildings	39 years
Improvements	15 years
Machinery and equipment	3-7 years
Vehicles	5-6 years
Software	3 years

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

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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

**Goodwill**

Goodwill consists of the excess of cost over the fair value of net assets acquired. Goodwill is amortized over a ten-year period from the asset purchase date.

**Compensated Absences**

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

**Donated Services**

Contributions of donated services that create or enhance non-financial assets or that require specialized skills, which are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation, are recorded at fair value in the period received. Donated services totaled \$15,172 and \$8,124 for the years ended December 31, 2020 and 2019, respectively.

**Income Taxes**

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

**Functional Allocation of Expenses**

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statement of activities. Accordingly, costs have been allocated among the program and supporting services benefited. The expenses that are allocated are compensation and benefits, which are allocated on the basis of estimates of time and effort; occupancy costs and depreciation, which are allocated on a square footage basis; and supplies, which are allocated based on average employee headcount.

**Use of Estimates**

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

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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

**Subsequent Events**

Management has evaluated subsequent events for recognition or disclosure through July 20, 2021, the date the consolidated financial statements were available to be issued.

**2. PATIENT SERVICES RECEIVABLE AND NET PATIENT SERVICE REVENUES**

Accounts receivable recorded net of the allowance for implicit price concessions and allowance for contractual adjustments are as follows:

	<u>2020</u>	<u>2019</u>
Patients services receivable, gross	\$ 2,913,340	\$ 6,518,055
Allowance for contractual adjustments and implicit price concessions	<u>(931,501)</u>	<u>(2,706,297)</u>
Patients services receivable, net	<u>\$ 1,981,839</u>	<u>\$ 3,811,758</u>

Patient fees revenue, net of provision for contractual allowances and implicit price concessions, consists of the following for the years ended:

	<u>2020</u>	<u>2019</u>
Patient fees, gross	\$ 48,295,769	\$ 53,697,799
Contractual adjustments and implicit price concessions	<u>(33,373,476)</u>	<u>(36,463,283)</u>
Patient fees, net of contractual and implicit price concessions	<u>\$ 14,922,293</u>	<u>\$ 17,234,516</u>

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

**3. PROPERTY AND EQUIPMENT**

Property and equipment consisted of the following:

	<u>2020</u>	<u>2019</u>
Land	\$ 610,335	\$ 610,335
Leasehold improvements	10,075,204	9,944,471
Equipment	2,131,916	1,959,305
Vehicles	726,595	496,170
Software	798,168	648,225
Construction in progress	<u>14,812</u>	<u>145,106</u>
	14,357,030	13,803,612
Less accumulated depreciation	<u>(3,775,349)</u>	<u>(2,823,226)</u>
Property and equipment, net	<u>\$ 10,581,681</u>	<u>\$ 10,980,386</u>

Depreciation expense for the years ended December 31, 2020 and 2019, totaled \$980,057 and \$940,840 respectively.

**4. GOODWILL**

In April 2019, ECC acquired the assets of two pharmacies, which have historically served the under-insured, uninsured and working poor citizens of Escambia County. The purchase price was approximately \$850,000 and was allocated to the tangible and intangible assets acquired. ECC recorded goodwill of \$788,618 as of December 31, 2019, that is being amortized over 10 years. Goodwill was \$650,610 and \$729,202 as of December 31, 2020 and December 31, 2019, respectively. Amortization expense was \$78,862 and \$59,416 as of December 31, 2020 and 2019, respectively.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

**5. LONG-TERM DEBT**

ECC has the following long-term debt:

	<u>2020</u>	<u>2019</u>
Loan from a financing institution used to fund a leveraged loan to Stonehenge Florida NMTC Investment Fund V, LLC (see Note 6). The loan requires monthly payments of \$17,500, beginning on October 1, 2017. The loan has a variable interest rate of 3.25%, plus one month ICE LIBOR. Final payment on the loan is due in September 2023.	\$ 3,622,500	\$ 3,832,500
Loan from a financing institution requiring monthly payments ranging from \$19,500 to \$29,300 beginning on June 1, 2018. The loan has a variable interest rate of 3.00%, plus one month ICE LIBOR and is secured by all property of ECH. Final payment on the loan is due in May 2025.	1,397,996	1,668,396
Loan from a financing institution used to fund the purchase of property. The loan requires monthly payments of \$3,757, beginning on January 19, 2019. The loan has a fixed interest rate of 5.01% and is secured by property, and all accounts held on deposit by ECH and ECC. Final payment on the loan is due in December 2033.	428,296	450,926
Loan payable to an individual for the purchase of assets of two pharmacies. The loan requires annual payments of \$100,000 beginning on April 1, 2020. The loan has a fixed interest rate of 2% and is unsecured. Final payment on the loan is due in April 2024.	319,190	471,350
Loan from a financing institution used to fund liability insurance. The loan requires monthly payments of \$11,545, beginning on July 1, 2020. Final payment on the loan is due in June 2021.	46,182	-
New Market Tax Credit Loans - see Note 6.	<u>6,417,094</u>	<u>6,417,094</u>
	12,231,258	12,840,266
Less: current portion of loans payable	<u>(680,682)</u>	<u>(603,784)</u>
Long term debt, net	<u>\$ 11,550,576</u>	<u>\$ 12,236,482</u>

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**5. LONG-TERM DEBT – CONTINUED**

At December 31, 2020, the scheduled principal repayments on long-term debt are as follows:

2021	\$ 680,682
2022	653,872
2023	3,667,685
2024	420,868
2025	188,179
Thereafter	<u>6,619,972</u>
	<u>\$ 12,231,258</u>

**6. NEW MARKET TAX CREDIT TRANSACTION**

During 2016, ECC restructured operations and entered into transactions in order to make additional funds available through the New Markets Tax Credit (NMTC) Program. The additional funds were used to partially finance the construction of a new clinic, which was completed in January 2018.

As a part of the restructuring, a new 501(c)(3) entity named CCS was created and used to construct the new facility and lease the facility to ECC upon completion. The NMTC Program permits taxpayers to claim a credit against Federal, and sometimes State, income taxes for Qualified Equity Investments (QEIs) in designated Community Development Entities (CDEs). These CDEs must use substantially all (85%) of the proceeds to make Qualified Low-Income Community Investments (QLICs). The investor is provided with a tax credit, which is claimed over a seven-year period. The federal credit is equal to 5% of the QEI over the first three years and 6% annually for the final four years, resulting in a total credit amount of 39%.

On March 31, 2016, ECH borrowed \$4.2 million from a local bank, which along with other ECH funds, was used to make a leveraged loan of \$4,316,554 to the Stonehenge Florida NMTC Investment Fund V, LLC (the State Investment Fund). The State Investment Fund also received equity totaling \$2,100,540 from a tax credit investor and then made a QEI of \$6,417,094 in Stonehenge Community Development 102, LLC, (the State CDE), of which the state investment fund owns 99.99%. The remaining .01% is owned by Stonehenge Community Development, LLC.

The State CDE made Loan D, totaling \$3,417,094 to CCS, the Qualified Active Low-Income Community Business (the QALICB). The remaining \$3 million was used by the State CDE to make a \$3 million leveraged loan to Twain Investment Fund, LLC (the Federal Investment Fund). The federal investment fund also received equity totaling \$270,427 from a tax credit investor and then made a QEI in Stonehenge Community Development 110, LLC, (the Federal CDE), of which the federal investment fund owns 99.99%. The remaining .01% is owned by Stonehenge Community Development, LLC. The Federal CDE made three loans, loans A, B and C, totaling \$3 million to CCS, (the QALICB).

The debt related to the new market tax credit transaction totaled \$6,417,094 at December 31, 2020 and 2019.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**6. NEW MARKET TAX CREDIT TRANSACTION – CONTINUED**

ECH's leveraged loan receivable from the state investment fund earns interest at 1.40% per annum quarterly, with quarterly principal payments commencing January 20, 2024. Final maturity is October 2043. The loan receivable totals \$4,316,554 as of December 31, 2020 and 2019.

CCS's notes payable A, B and C require interest to be paid quarterly to Stonehenge Community Development 110, LLC (lender) at 2.614% per annum, with quarterly principal payments commencing January 5, 2024. Final maturity is October 2050. Prepayments of principal are not allowed during the seven-year tax compliance period.

CCS's note payable D requires interest to be paid quarterly to Stonehenge Community Development 102, LLC (lender) at 1.605% per annum, with quarterly principal payments commencing January 5, 2024. Final maturity is October 2050. Prepayments of principal are not allowed during the seven-year tax compliance period.

CCS pledged substantially all of its assets as collateral for Notes A, B and C. The Lender has a lien and security interest in the collateral.

In connection with making the loan, ECC entered into "put and call" agreements with the owners of the Federal and State Investment Funds. The agreement allows the owners to "put" their combined 100% interest in the Funds to ECC at the end of the seven-year tax credit investment period. If the owners exercise these puts, ECC will pay a purchase price of \$1,000, plus any transfer or closing costs, to each owner. In the event the puts are not exercised, ECC can exercise "call" options to purchase the ownership interests in the Funds at amounts equal to the fair value of those ownership interests, as determined by an independent appraiser. No amounts have been recorded in these consolidated financial statements related to these put and call options.

**7. INTEREST RATE SWAPS**

ECC entered into an interest rate swap agreement on March 31, 2016, with a notional amount of \$4,200,000 and maturing in September 2023. ECC entered into an additional interest rate swap agreement on April 9, 2018, with a notional amount of \$1,500,000 and maturing in May 2025.

ECC has an asset (liability) recorded for the net amount of the fair value of its interest rate swaps on its consolidated balance sheets, in the amount of approximately \$205,000 and \$60,000, as of December 31, 2020 and 2019, respectively. The fair value has been categorized based on pricing inputs, which are observable from actively quoted midmarket values. All interest rate swap agreements are considered Level 2 assets (liabilities) because a quoted price can be obtained from a number of dealer counterparties and other market sources based on observable interest rates and yield curves for the full term of the asset or liability.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**8. LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

ECC has a policy to manage its liquidity and reserves following three guiding principles: operating within a prudent range of financial stability, maintaining adequate liquidity to fund near-term operations, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged.

	<u>2020</u>	<u>2019</u>
Cash	\$ 10,640,863	\$ 4,351,578
Patient services receivable, net	1,981,839	3,811,758
Other receivables	<u>2,206,041</u>	<u>1,869,037</u>
Financial assets available to meet cash needs for expenditures within one year	<u>\$ 14,828,743</u>	<u>\$ 10,032,373</u>

**9. INTERCOMPANY TRANSACTIONS**

In 2020, ECC transferred \$691,473 to ECH to pay down debt on the new facility. ECC leased its accounting and facility management staff to CCS for \$246,980. CCS provided management services related to the new facility construction to ECC for \$288,191.

In 2019, ECC transferred \$704,084 to ECH to pay down debt on the new facility. ECC leased its accounting and facility management staff to CCS for \$243,324. CCS provided management services related to the new facility construction to ECC for \$285,484.

Intercompany activity has been properly eliminated for consolidation.

**10. RELATED PARTY TRANSACTIONS**

ECC is a recipient of community benefit grant awards through agreements with Sacred Heart Health System, Inc. (SHH) and Baptist Hospital, Inc. (BH). The grant proceeds are to be used specifically to support the otherwise uncompensated costs (including general and administrative costs properly allocable under GAAP), which ECC reasonably projects it will incur in providing comprehensive, community-based preventive and primary health and dental care, behavioral health services, related enabling services, outreach, health education and promotion, risk management and other appropriate services and programs that promote access to and availability of continuous care for the residents of the Escambia and Santa Rosa County service area. The Chairman and Vice Chairman positions of ECC's Board of Directors are held by executives from BH and SHH.

The total amount of awards ECC received under these Community Benefit Grant Agreements for each of the years ended December 31, 2020 and 2019, was approximately \$1,100,000.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**11. PENSION PLAN**

ECC provides a 403(b)-retirement plan for its employees. ECC contributes 3.5% of eligible compensation to eligible participants. ECC also makes discretionary contributions up to 3% of the participant's elective deferral. Contributions were \$564,798 and \$744,938 for the years ended December 31, 2020 and 2019, respectively.

**12. SELF-INSURANCE**

ECC has in place a large deductible policy for health insurance for its employees and supplements the policy with re-insurance.

ECC is responsible for paying eligible claims up to the maximum deductible of \$50,000 per employee, as well as the premium for the re-insurance. The maximum amount of losses for which ECC could be held responsible in any given policy period is \$1,000,000. The insurance company administers the claims and payments as a third-party service provider.

ECC established reserves for open and expected claims of approximately \$115,000 and \$173,000 as of December 31, 2020 and 2019, respectively, which are included in accrued expenses in the accompanying consolidated financial statements. Further adjustments to the amounts recorded from estimates and final settlements will be recorded in the income statement when adjustments become known.

**13. LEASE COMMITMENTS**

ECC leases equipment, office and clinical space under operating leases expiring at various dates through May 2025. Total lease expense for 2020 and 2019 was \$750,981 and \$750,981, respectively.

The following is a schedule of future minimum lease payments under operating leases as of December 31, 2020, that have initial or remaining lease terms in excess of one year:

2021	\$ 350,428
2022	164,088
2023	164,088
2024	164,088
2025	68,370
	<u>\$ 911,062</u>

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**14. CONCENTRATIONS AND CREDIT RISK**

**Concentrations**

ECC's primary operations and service area include most communities of Escambia County, Florida. ECC grants credit without collateral to its patients, who are uninsured, insured under third-party payor arrangements, primarily with Medicare, Medicaid and various commercial insurance companies.

The significant concentrations of patient services receivable at December 31, 2020 and 2019, were approximately:

	<u>2020</u>	<u>2019</u>
Medicare	9%	8%
Medicaid	75%	79%
Other third-party	11%	10%
Self-pay	<u>5%</u>	<u>3%</u>
	<u>100%</u>	<u>100%</u>

Approximately 13% and 12% of ECC's total revenues in 2020 and 2019, respectively, were provided by grants through the U.S. Department of Health and Human Services. Approximately 3% of ECC total revenues in both 2020 and 2019, were provided by community grants from Sacred Heart Health System, Inc. and Baptist Hospital, Inc. ECC is economically dependent on these funding sources.

**Deposits**

ECC occasionally maintains cash balances in excess of the insured limits provided by the Federal Deposit Insurance Corporation (FDIC). As of December 31, 2020 and 2019, deposits at financial institutions exceeded FDIC insured limits by approximately \$10 million and \$4 million, respectively.

**15. MEDICAL MALPRACTICE CLAIMS COVERAGE**

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

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

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**16. CONTINGENCIES**

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

During the normal course of business, ECC may become involved in various legal issues. In the opinion of management, any such matters will not have a material effect upon the financial position of ECC, and significant losses, if any, would be adequately covered by insurance.

**17. PPP LOAN FORGIVENESS**

In April 2020, ECC received loan proceeds totaling \$4,324,100 from Hancock Whitney Bank pursuant to the Paycheck Protection Program (the "PPP") under Division A, Title I of the CARES Act, which was enacted March 27, 2020. Borrowers under the PPP program are eligible to have their loans forgiven if the proceeds are used for covered expenses and certain other requirements related to wage rates and maintenance of full-time equivalents are met. ECC expected to meet the PPP eligibility criteria, and as such, treated the PPP loan as a grant expected to be forgiven. The loan proceeds are recorded as other income in the statements of activities for the year ended December 31, 2020.

**18. SUBSEQUENT EVENTS**

Subsequent to year end, ECC was awarded approximately \$2.5 million in additional DHHS grant funding related to COVID-19 testing, vaccinations, and other related services. In addition, ECC was awarded \$10 million under the American Rescue Plan Act Funding for Health Centers.

**SUPPLEMENTARY INFORMATION**

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATING STATEMENT OF FINANCIAL POSITION  
DECEMBER 31, 2020**

	<u>ECC</u>	<u>ECH</u>	<u>CCS</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>ASSETS</b>					
<b>CURRENT ASSETS</b>					
Cash	\$ 10,308,489	\$ 26,152	\$ 306,222	\$ -	\$ 10,640,863
Patient services receivable, net	1,981,839	-	-	-	1,981,839
Other receivables	2,197,241	8,800	-	-	2,206,041
Prepaid expenses and other current assets	530,362	-	25,784	-	556,146
Intercompany	(140,460)	99,591	40,869	-	-
Total current assets	14,877,471	134,543	372,875	-	15,384,889
<b>PROPERTY AND EQUIPMENT, NET</b>	1,723,093	697,524	8,161,064	-	10,581,681
<b>GOODWILL</b>	650,610	-	-	-	650,610
<b>OTHER ASSETS</b>					
Long-term note receivable – NMTC	-	4,316,554	-	-	4,316,554
Investment in subsidiaries	1,611,072	-	-	(1,611,072)	-
Total other assets	1,611,072	4,316,554	-	(1,611,072)	4,316,554
<b>TOTAL ASSETS</b>	<u>\$ 18,862,246</u>	<u>\$ 5,148,621</u>	<u>\$ 8,533,939</u>	<u>\$ (1,611,072)</u>	<u>\$ 30,933,734</u>

See independent auditors' report.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATING STATEMENT OF FINANCIAL POSITION – CONTINUED  
DECEMBER 31, 2020**

	<u>ECC</u>	<u>ECH</u>	<u>CCS</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>LIABILITIES AND NET ASSETS</b>					
<b>CURRENT LIABILITIES</b>					
Accounts payable	\$ 615,366	\$ -	\$ -	\$ -	\$ 615,366
Accrued salaries and related expenses	897,477	-	-	-	897,477
Accrued compensated absences	1,061,943	-	-	-	1,061,943
Other current liabilities	500	-	-	-	500
Interest rate swaps	-	205,602	-	-	205,602
Current portion of long-term debt	139,798	540,884	-	-	680,682
Total current liabilities	2,715,084	746,486	-	-	3,461,570
<b>LONG-TERM LIABILITIES</b>					
NMTC - see note	-	-	6,417,094	-	6,417,094
Notes payables	225,574	4,907,908	-	-	5,133,482
Total long-term liabilities	225,574	4,907,908	6,417,094	-	11,550,576
Total liabilities	2,940,658	5,654,394	6,417,094	-	15,012,146
<b>NET ASSETS</b>					
Without donor restrictions	15,921,588	(505,773)	2,116,845	(1,611,072)	15,921,588
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 18,862,246</u>	<u>\$ 5,148,621</u>	<u>\$ 8,533,939</u>	<u>\$ (1,611,072)</u>	<u>\$ 30,933,734</u>

See independent auditors' report.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
CONSOLIDATING STATEMENT OF ACTIVITIES  
FOR YEAR ENDED DECEMBER 31, 2020**

	<u>ECC</u>	<u>ECH</u>	<u>CCS</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>OPERATING REVENUES</b>					
Net patient services	\$ 14,922,293	\$ -	\$ -	\$ -	\$ 14,922,293
340B prescription drug assistance program	8,126,820	-	-	-	8,126,820
Capitation revenue	3,261,022	-	-	-	3,261,022
Pharmacy services	200,553	-	-	-	200,553
Other	619,175	-	-	-	619,175
Total operating revenues	<u>27,129,863</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>27,129,863</u>
<b>PUBLIC SUPPORT</b>					
Grant, contracts and reimbursements	8,395,305	-	-	-	8,395,305
<b>TOTAL OPERATING REVENUES AND PUBLIC SUPPORT</b>	<u>35,525,168</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>35,525,168</u>
<b>FUNCTIONAL EXPENSES</b>					
Healthcare services	25,243,457	22,334	460,298	-	25,726,089
Support services	9,471,761	7,983	164,992	-	9,644,736
Total functional expenses	<u>34,715,218</u>	<u>30,317</u>	<u>625,290</u>	<u>-</u>	<u>35,370,825</u>
<b>INCOME/(LOSS) FROM OPERATIONS</b>	809,950	(30,317)	(625,290)	-	154,343
<b>OTHER INCOME (EXPENSES)</b>					
Interest Income	152	61,273	-	-	61,425
Interest expense	(14,566)	(293,374)	(133,265)	-	(441,205)
Equity earnings on subsidiaries	149,474	-	-	(149,474)	-
PPP grant income	4,324,100	-	-	-	4,324,100
Other expenses	(17,565)	(100,410)	-	-	(117,975)
Management fees	(291,193)	-	291,193	-	-
Intercompany transfers/contributions	(979,664)	691,473	288,191	-	-
Total other income (expenses)	<u>3,170,738</u>	<u>358,962</u>	<u>446,119</u>	<u>(149,474)</u>	<u>3,826,345</u>
<b>CHANGE IN NET ASSETS</b>	3,980,688	328,645	(179,171)	(149,474)	3,980,688
<b>NET ASSETS (DEFICIT) AT BEGINNING OF YEAR</b>	<u>11,940,900</u>	<u>(834,418)</u>	<u>2,296,016</u>	<u>(1,461,598)</u>	<u>11,940,900</u>
<b>NET ASSETS (DEFICIT) AT END OF YEAR</b>	<u>\$ 15,921,588</u>	<u>\$ (505,773)</u>	<u>\$ 2,116,845</u>	<u>\$ (1,611,072)</u>	<u>\$ 15,921,588</u>

See independent auditors' report.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
SCHEDULES OF GRANTS, CONTRACTS AND REIMBURSEMENTS REVENUE  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
Federal Government		
Health Resources and Services Administration	\$ 5,101,363	\$ 4,565,271
Other	274,127	85,000
Total federal government	5,375,490	4,650,271
State Government		
State of Florida Agency for Health Care Administration	1,121,603	157,933
Total state government	1,121,603	157,933
Local Government		
Escambia County	531,483	670,207
Santa Rosa County	167,060	87,480
Total local government	698,543	757,687
Community		
Sacred Heart Health System	550,000	550,000
Baptist Health Care	550,000	550,000
Total community	1,100,000	1,100,000
Other	99,669	31,500
<b>TOTAL GRANTS, CONTRACTS AND REIMBURSEMENTS</b>	<b>\$ 8,395,305</b>	<b>\$ 6,697,391</b>

See independent auditors' report.

## COMPLIANCE SECTION

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2020**

<b>Federal Agency Pass-Through Entity Federal Program</b>	<b>CFDA Number</b>	<b>Contract/ Award</b>	<b>Pass-Through Entity Identifying Number</b>	<b>Federal Expenditures</b>
<b>U.S. Department of Health &amp; Human Services</b>				
Health Center Cluster				
Consolidated Health Centers	93.224	H80CS08755	N/A	\$ 3,628,616
Consolidated Health Centers	93.224	H8CCS35062	N/A	100,581
Consolidated Health Centers	93.224	H8ECS38290	N/A	461,018
Consolidated Health Centers	93.224	H8DCS36000	N/A	<u>911,148</u>
Total Health Center Cluster				<u>5,101,363</u>
Provider Relief Fund	93.498	N/A	N/A	<u>274,127</u>
<b>TOTAL EXPENDITURES OF FEDERAL AWARDS</b>				<u><u>\$ 5,375,490</u></u>

The accompanying notes are an integral part of this schedule.

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
NOTES TO THE SCHEDULE OF  
EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2020**

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**1. BASIS OF PRESENTATION**

The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Since the schedule presents only a select portion of the operations of ECC, it is not intended to and does not present the financial position, changes in net assets or cash flows of ECC.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Escambia Community Clinics, Inc., under programs of the federal government for the year ended December 31, 2020. Expenditures reported on the schedule are reported on the accrual basis of accounting. ECC did not elect to utilize the ten percent de minimis indirect cost rate allowed under the Uniform Guidance.

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

To the Board of Directors  
Escambia Community Clinics, Inc. d/b/a  
Community Health Northwest Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Escambia Community Clinics, Inc. (a nonprofit organization "ECC") (d/b/a Community Health Northwest Florida), which comprise the consolidated statement of financial position as of December 31, 2020, and the related consolidated statement of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated July 20, 2021.

**Internal Control over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered ECC's internal control over financial reporting (internal control) as a basis for determining the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of ECC's internal control. Accordingly, we do not express an opinion on the effectiveness of the ECC's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency or a combination of deficiencies in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies; therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses.

**Compliance and Other Matters**

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

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the ECC'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 ECC's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Pensacola, Florida  
July 20, 2021

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors  
Escambia Community Clinics, Inc. d/b/a  
Community Health Northwest Florida

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

We have audited Escambia Community Clinics, Inc.'s (ECC) (d/b/a Community Health Northwest Florida) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of ECC's major federal programs for the year ended December 31, 2020. ECC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

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

***Auditors' Responsibility***

Our responsibility is to express an opinion on compliance for each of the ECC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the ECC's compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances.

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

***Opinion on Each Major Federal Program***

In our opinion, ECC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2020.

### **Report on Internal Control over Compliance**

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

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

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

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

*Warren Averett, LLC*

Pensacola, Florida  
July 20, 2021

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2020**

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**I. SUMMARY OF AUDITORS' RESULTS**

***Financial Statements***

Type of auditors' report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? \_\_\_\_\_ Yes   X   No
- Significant deficiency(ies) identified that is/are \_\_\_\_\_ Yes   X   Reported  
not considered to be material weaknesses?
- Noncompliance material to financial statements noted? \_\_\_\_\_ Yes   X   No

***Federal Awards***

Internal control over major programs:

- Material weakness(es) identified? \_\_\_\_\_ Yes   X   No
- Significant deficiency(ies) identified that is/are \_\_\_\_\_ Yes   X   Reported  
not considered to be material weaknesses?

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

- Any audit findings disclosed that are required to be \_\_\_\_\_ Yes   X   No  
reported in accordance with section 2 CFR  
§200.516 Audit findings paragraph (a);?

Identification of major programs:

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

Dollar threshold used to distinguish between type A and type B programs:

  \$750,000  

- Auditee qualified as low-risk auditee?   X   Yes \_\_\_\_\_ No

**ESCAMBIA COMMUNITY CLINICS, INC. d/b/a  
COMMUNITY HEALTH NORTHWEST FLORIDA  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS – CONTINUED  
FOR THE YEAR ENDED DECEMBER 31, 2020**

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**II. FINANCIAL STATEMENT FINDINGS**

The results of our audit of Escambia Community Clinics, Inc. did not disclose any findings required to be reported under government auditing standards generally accepted in the United States of America.

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

We noted no findings or matters that are required to be reported in accordance with the Uniform Guidance.

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

There were no findings reported in the prior year report.

**6**

**Gulf Coast Minority Chamber of Commerce**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Gulf Coast Minority Chamber of Commerce, INC

Agency Address: 321 N. DeVilliers Street, Suite 104, Pensacola, Florida 32501

Program Name for which funding is being requested: Diversity and Economic Development

Amount Requested: \$ 75,000.00

Program Contact: Brian Wyer

Contact Email: Bwyer@gcmcc.info Contact Phone: (813) 390-8198

25-Word Description of Program: The GCMCC serves as a resource center for Minority, Local, Small, Non-Profit, and Individual professionals in our Escambia County community.

How many years has your organization been providing services in the County? 4.5 years as the Gulf Coast Minority Chamber.

How many years has your organization received funding from the County? 3 years

Explain how receiving funds from the County would have a significant impact on your organization:

Funds will be used to pay the office staff and for the day-to-day operation of the chamber. The staff is the key component to ensuring that the mission of the GCMCC is carried out. The funds were also used to assist with programs needed to complete our mission of serving our community. Our return to the county is increasing the amount of involvement in economic opportunities.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$75,000.00

Briefly discuss how last year's funds were used? \_\_\_\_\_

Last year funds were used to support staff in implementing programs to assist our community, such as the following: publishing of our chamber directory, "How to Do Business with Local Government" workshops, hosting the Office Supplier Diversity event and assisting in supporting local inclusion efforts.

\_\_\_\_\_

\_\_\_\_\_

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? \_\_\_\_\_

Increased business involvement in the county's Purchasing Department, vendor registration software and training sessions. The chamber's involvement with the County's purchasing department is a good return on investment because we assist in reaching a targeted market of minority/small businesses that are not actively involved in the bidding process. We have an active audience of new and established businesses where relationships have already been formed. These relationships often take years to establish. We are able to tap into this market more directly than and faster than the county would be able to reach the businesses on its own. The Chamber Directory provides a physical document that is shared throughout the community to highlight businesses. The Directory is used as a reference point for referrals and is used as a marketing tool for businesses to promote their business.

\_\_\_\_\_

### **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?

Funds will be used to pay the office staff and for the day-to-day operation of the Gulf Coast Minority Chamber of Commerce. The staff is the key component to ensuring that the mission of the GCMCC is carried out. The funds were also used to assist with programs needed to complete our mission of serving our community. Our return to the county is increasing the amount of businesses involvement in economic opportunities. The chamber's mission is to "To serve as an advocate and the conscience of the Minority and Small Business Community, promoting and assisting in procurement opportunities, business development strategy, increasing operating capacity and other economic assets while striving to ensure economic fairness for all.

\_\_\_\_\_

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: N/A - NO

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area N/A - NONE

\_\_\_\_\_

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. The Gulf Coast Minority 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 with a focus on minority owned businesses, business professionals, non-profits, and corporations. The chamber provides marketing of businesses using social media like Facebook. We promote their businesses with ribbon-cuttings, grand openings, and network events to increase awareness and promote attendance. We also assist them in being placed in the local newspapers and television stories.

## **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

Percentage for salaries/administrative costs: 50 %

- Percentage for direct programming costs: 50 %

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: Our annual membership and corporate partnership, our annual Guide and Business Directory and our annual Community Awards. We may have to limit staff resources to cover the lack funding.

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio: N/A - No

Is there a duplication of funding? Does your organization request funding from other local nonprofit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. N/A - No

## **GOALS AND METRICS**

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

1. **Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.**

Over the last year, we have encountered significant changes within the Purchasing department and the metrics gathering process from Vendor Registry. I have received updated metrics and updated the details in a new column. We will work closely with new leadership to ensure that the data is validated for tracking processes.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Increase Minority registered businesses with Escambia County	319	661	789	16 %
2.				%
3.				%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY23
1. Increase chamber membership to provide additional support for our community	5 %
2.	
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. Chamber members and contacts	278 members and 1200 contacts
2.	
3.	

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$6,000	\$8,500	\$9,500
Programmatic Income	\$10,000	\$9,000	\$10,000
County Funding/Direct Contribution	\$75,000	\$75,000	\$75,000
County Funding by Other Source (a)	0	0	0
City Funding	\$37,500	\$50,000	\$50,000
Local Non-Profit Funding	0	0	0
State Funding	0	0	0
Federal Funding	0	0	0
Memberships	\$10,000	\$7,000	\$9,000
Investment Income	0	0	0
Other Income (b)			
<b>Total Income</b>	<b>\$153,500.00</b>	<b>\$149,500.00</b>	<b>\$154,500.00</b>

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)

N/A - None

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_\_

N/A – None

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<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	2	2	2
Salaries and Wages	\$110,000	\$100,000	\$110,000
Employee Benefits	0	0	0
Professional Services	\$8,000	\$8,000	\$8,000
Contractual Services	0	0	0
Travel Expenses	0	0	0
Rentals and Leases	\$15,300	\$15,300	\$15,300
Communication	\$800	\$400	\$800
Postage and Freight	\$500	\$300	\$500
Repair and Maintenance	0	0	0
Printing and Binding	\$2,000	\$3,000	\$2,000
Marketing and Promotion	\$2,000	\$1,000	\$2,000
Fuel	\$2,000	\$2,000	\$2,000
Supplies	\$2,800	\$2,800	\$2,800
Event Expenses	\$2,000	\$2,000	\$2,000
Capitalizable Assets for County Funding (a)	0	0	0
Other Expenses (b)	\$2,300	\$2,300	\$2,300
Total Expenses	\$147,700	\$147,700	\$147,700
Net Income - (Revenue minus Expense)	\$9,200	\$1,800	\$5,800

**NOTE:** We are currently making several budget updates. We are working with our accountant to obtain a non-taxable status which may alter some of the details above. We are also working to adjust Calendar to Fiscal Year data to properly track some of the items above. Any changes will be reflected at the Budget Meeting pre-work. Thank You

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

N/A

(b) Please explain any request listed in the "Other Expenses" line item. Other Expenses for Bank Fees, Monthly Web Processing, Conference Cost, Insurance, Processing Fees

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Fiscal

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. The discrepancy of the tables as compared to the Financial Statements exist because of the need to adjust funding to handle high profile immediate needs of the community, changes in priorities based on additional planning with Board members.

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? Funds will for additional support programs

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Brian Wyer	President/CEO	\$60,00.00
Dawn Novy through 12/2022. To be determined in future	VP of Communications/Member Relations	\$41,000.00

5. Please provide the total amount of cash and investments on hand. \$7,000.00 – budgeted for expenses
6. Does your organization charge fees for services? If so, provide a list of fees charged.  
We charge fees to be a member of the chamber which are associated with specific benefits. We do not charge fees to be a contact of the chamber. We provide free services for attending programs/events. We provide free business consultation and assistance.
7. Does your organization require background checks from volunteers and staff? No

### **ECONOMIC DEVELOPMENT AGENCIES**

1. If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: What is your agency's Strategic Plan?

The GCMCC is in the process of developing a plan with our newly installed Board of Directors. We will be reviewing our strategic plan and making additional changes based on feedback from members, local government officials and trusted advisors. The chamber will be releasing the names of our re-established board in our new Business Guide and Directory. We have had several new Board member recruitment events and doubled the size of the board at our Annual Board meeting in October 2022. This new full board will go through an orientation process and strategic retreat to set the course for the chamber's future. This information not available. The chamber has been active in assisting with job creations and expansion of companies, but does not have a definitive number in this area

2. How many jobs were created this year over last year by zip code? This information not available. The chamber has been active in assisting with job creations and expansion of companies, but does not have a definitive number in this area

3. What is the net cost per job created? N/A

### **ADDITIONAL QUESTIONS**

1. What was done by your agency to address the "Pockets of Poverty"?

Reduced chamber membership dues, free training sessions, creation of metrics to track details and involvement in local government vendor tables. I have the updated metrics from the County's Purchasing department. This Pockets of Poverty information would need to be obtained from the details that the businesses provide in the Vendor Registry to the county. As we work the new Purchasing leadership, the chamber will request research to verify if the demographic details can be added to Vendor Registry.

The President/CEO is involved in numerous BODs to provide input to increase minority awareness and input. Included below is a list of the boards.

**Brian Wyer, President/CEO, represents the chamber as a member of the following groups:**

- Achieve Escambia Leadership Council – Secretary
  - o Career Readiness Collective Action Network team
  - o Early Childhood Learning Network
- First Place Partners economic group
- The Northwest Florida Forward Entrepreneur and Innovation Council
- FloridaWest and PEDC attendee
- 1 Million Cups Organizer member
- SCI Volunteer
- United Way of West Florida Board of Director
  - o Community Investment Committee
  - o Community Response Committee
- Belmont De Villiers Association
- Baptist Health Inc Board of Directors
  - o Quality and Patient Safety Committee
  - o Baptist Community Advisory Council
  - o E-Moreno Special Committee (co-chair)
- Early Learning Coalition Board of Directors
- Escambia County Human Relations Commission – Vice Chair
- US Global Leadership Coalition
- Escambia County Emergency Operations Center ESF-18
- Equality Project Alliance
- VMS MIT Spring Stakeholder/Mentor
- EntreCon Volunteer
- Startup on Blocks Pitch Competition judge
- Downtown Rotary member
- Homeless Reduction Task Force Workforce Development Committee
- Habit for Humanity: Community Development Committee
- AHER (Achieve Healthy EscaRosa)
  - o Healthcare Equity and Access Committee

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.



## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <span style="font-size: 1.2em; font-family: cursive;">Gulf Coast Minority Chamber of Commerce, Inc</span>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> 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>
<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) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ <span style="font-size: 1.2em; font-family: cursive;">501(c) 6</span>	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <span style="font-size: 1.2em; font-family: cursive;">321 N. DeVilliers Street, Suite 104</span>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <span style="font-size: 1.2em; font-family: cursive;">Pensacola, FL 32501</span>	
<b>7</b> 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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or																					
Employer identification number																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	8	3																			
8	3																				

### 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-size: 1.2em; font-family: cursive;">Brian Wyes</span>	Date ▶ <span style="font-size: 1.2em; font-family: cursive;">4/7/2022</span>
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### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010081

**Entity Name:** GULF COAST MINORITY CHAMBER OF COMMERCE, INC

**Current Principal Place of Business:**

321 N DE VILLIERS STREET  
104  
PENSACOLA, FL 32501

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**7790845915CC**

**Current Mailing Address:**

321 N DE VILLIERS STREET  
104  
PENSACOLA, FL 32501 US

**FEI Number: 83-1973128**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WYER, BRIAN  
321 N DE VILLIERS STREET  
104  
PENSACOLA, FL 32501 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: BRIAN WYER**

**04/28/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            WYER, BRIAN P  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

Title            CHAIRMAN  
Name            HARTSFIELD, SHAUN  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

Title            BOARD OF DIRECTOR  
Name            BROOKS, LARRY  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

Title            BOARD OF DIRECTOR  
Name            DISCEPOLO, GERARDO  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

Title            BOARD OF DIRECTORS  
Name            SELLERS, FRED  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

Title            BOARD OF DIRECTOR  
Name            SOUBLET, MARK  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

Title            BOARD OF DIRECTOR  
Name            VANDERPOOL, PATRICIA  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

Title            BOARD OF DIRECTOR  
Name            WENDI SUMMERS  
Address        321 N DE VILLIERS STREET  
                  104  
City-State-Zip: PENSACOLA FL 32501

*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: BRIAN WYER**

**PRESIDENT/CEO**

**04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

## Short Form Return of Organization Exempt From Income Tax

# 2020

## 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.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2020 calendar year, or tax year beginning <u>10/1/2020</u> , and ending <u>9/30/2021</u>													
<b>B</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 checked="" type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>GULF COAST MINORITY CHAMBER OF COMMERCE INC</b></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><b>321 N DEVILLIERS ST</b></td> <td><b>104</b></td> </tr> <tr> <td>City or town State ZIP code</td> <td></td> </tr> <tr> <td><b>PENSACOLA FL 32501</b></td> <td></td> </tr> <tr> <td>Foreign country name Foreign province/state/county Foreign postal code</td> <td></td> </tr> </table>	<b>C</b> Name of organization <b>GULF COAST MINORITY CHAMBER OF COMMERCE INC</b>		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>321 N DEVILLIERS ST</b>	<b>104</b>	City or town State ZIP code		<b>PENSACOLA FL 32501</b>		Foreign country name Foreign province/state/county Foreign postal code	
<b>C</b> Name of organization <b>GULF COAST MINORITY CHAMBER OF COMMERCE INC</b>													
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<b>321 N DEVILLIERS ST</b>	<b>104</b>												
City or town State ZIP code													
<b>PENSACOLA FL 32501</b>													
Foreign country name Foreign province/state/county Foreign postal code													
<b>D</b> Employer identification number <u>83-1973128</u>													
<b>E</b> Telephone number <u>(813) 390-8198</u>													
<b>F</b> Group Exemption Number ▶													
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶													
<b>I</b> Website: ▶ <u>WWW.GCMCC.INFO</u>													
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>6</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).													
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other													
<b>L</b> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ <u>120,817</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

	Description	Line	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	114,299
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	6,518
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</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) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events. . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
<b>Revenue</b>	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	0
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	120,817	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	71,680
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	11,063
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	308
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	24,300
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	107,351	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	13,466
	<b>19</b> 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) . . . . .	<b>19</b>	8,671
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	22,137

**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	18,359	22 30,104
23 Land and buildings		23
24 Other assets (describe in Schedule O)	536	24 2,534
25 <b>Total assets</b>	18,895	25 32,638
26 <b>Total liabilities</b> (describe in Schedule O)	10,224	26 10,501
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	8,671	27 22,137

**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 ADVANCE THE ECONOMIC, INDUSTRIAL, PROFESSIONI  
 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 <u>TO ADVANCE THE ECONOMIC, INDUSTRIAL, PROFESSIONAL, CULTURAL AND CIVIC WELFARE OF THE GULF COAST; THE MINORITY COMMUNITY AND THE PROMOTION OF PROSPERITY FOR THE CITY, COUNTY AND SURROUNDING AREAS</u> (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 <b>Total program service expenses.</b> (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
BRIAN WYER CEO	Hr/WK 80.00			
SHAUN HARTSFIELD CHAIRMAN	Hr/WK .00			
JESSIE GAITHER BOARD OF DIRECTOR	Hr/WK .00			
MIRIAM BREEDEN BOARD OF DIRECTOR	Hr/WK .00			
LARRY BROOKS BOARD OF DIRECTOR	Hr/WK .00			
GERADO DISCEPOLO BOARD OF DIRECTOR	Hr/WK .00			
CAROL MCINTOSH BOARD OF DIRECTOR	Hr/WK .00			
CHRIS NIX BOARD OF DIRECTOR	Hr/WK .00			
FRED SELLERS BOARD OF DIRECTOR	Hr/WK .00			
MARK SOUBLET BOARD OF DIRECTOR	Hr/WK .00			
JIM ROBERTS BOARD OF DIRECTOR	Hr/WK .00			
PATRICIA VANDERPOOL BOARD OF DIRECTOR	Hr/WK .00			

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .		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. . . . .		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
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 . . . . .	<b>40b</b>	
40b			
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. . . . .	<b>40e</b>	
40e			
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>BRIAN WYER</u> Telephone no. ▶ <u>(813) 390-8198</u> Located at ▶ <u>321 N DEVILLIERS ST STE 10</u> City <u>PENSACOLA</u> ST <u>FL</u> ZIP + 4 ▶ <u>32501</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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	X
42b			
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 ▶ _____	<b>42c</b>	X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
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 . . . . .	<b>44a</b>	X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
45a			
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. . . . .	<b>45b</b>	
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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No  
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
49a

b If "Yes," was the related organization a section 527 organization? Yes No  
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
Name None				
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
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 ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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  
X

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: *Brian Wyr* Date: 12/20/21  
 Type or print name and title: BRIAN WYER CEO

**Paid Preparer Use Only**  
 Print/Type preparer's name: EDNA M SANDERS Preparer's signature: EDNA M SANDERS Date: 12/16/2021  
 Check  if self-employed PTIN: P00266299  
 Firm's name: LOCKLIN ACCOUNTING & TAX SERVICES INC Firm's EIN: 26-2591091  
 Firm's address: P O BOX 2885, PENSACOLA, FL 32513 Phone no.: 850.469.4882

May the IRS discuss this return with the preparer shown above? See instructions. Yes No  
X



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

GULF COAST MINORITY CHAMBER OF COMMERCE INC

Employer identification number

83-1973128

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 6 ) (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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

GULF COAST MINORITY CHAMBER OF COMMERCE INC

Employer identification number

83-1973128

**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
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GULF COAST MINORITY CHAMBER OF COMMERCE INC

Employer identification number

83-1973128

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>GULF COAST MINORITY CHAMBER OF COMMERCE INC</b>	Employer identification number 83-1973128
----------------------------------------------------------------------------	----------------------------------------------

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ 0  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.	Country		

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

GULF COAST MINORITY CHAMBER OF COMMERCE INC

Employer identification number

83-1973128

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 240

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 1,430

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 581

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 768

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Service Charges: 268

Form 990-EZ, Part I, Line 16, Other Expenses: Professional Fees: 4,961

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 1,350

Form 990-EZ, Part I, Line 16, Other Expenses: Mileage Reimbursement: 1,800

Form 990-EZ, Part I, Line 16, Other Expenses: Administrative: 707

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions: 754

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 725

Form 990-EZ, Part I, Line 16, Other Expenses: Technology: 1,476

Form 990-EZ, Part I, Line 16, Other Expenses: Web Hosting: 920

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll Taxes: 6,900

Form 990-EZ, Part I, Line 16, Other Expenses: PARKING FEES: 4

Form 990-EZ, Part I, Line 16, Other Expenses: MEMBER SERVIES: 1,416

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

536, End of year: 2,534

Form 990-EZ, Part II, Line 26, Liabilities: Opening Balance Equity: Beginning of year: 6,794,

End of year: 6,794

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Taxes Payable: Beginning of year: 3,430,

End of year: 3,707

Name of the organization

Employer identification number

GULF COAST MINORITY CHAMBER OF COMMERCE INC

83-1973128

Area with horizontal dashed lines for supplemental information.



**GULF COAST MINORITY CHAMBER OF COMMERCE INC**  
**Income Statement**  
**For the One Month and the Four Months ended January 31, 2023**

	One Month Ended January 31, 2023	Four Months Ended January 31, 2023
<b>Sales</b>		
Escambia County Appropriations	\$ 20,360.88	\$ 20,360.88
City of Pensacola Appropriatio	13,376.15	13,376.15
Membership Dues	11,691.00	11,691.00
<b>Total Sales</b>	<b>45,428.03</b>	<b>45,428.03</b>
<b>Cost of Goods Sold</b>		
	45,428.03	45,428.03
<b>Gross Profit</b>		
	45,428.03	45,428.03
<b>Operating Expenses</b>		
Supplies Expense-Unrestricted	150.44	150.44
Office Supplies-Unrestricted	1,573.35	1,573.35
Professional Service-Unres	205.17	205.17
Bank Service Charge-Unrestrict	50.69	50.69
Accounting Service-Unrestrict	1,580.00	1,580.00
Equipment Rental-Unrestricted	48.75	48.75
Occupancy Expense-Unrestricted	3,690.70	3,690.70
Utilities-Unrestricted	539.15	539.15
Insurance-Bldgs & Property-Unr	666.75	666.75
Printed Materials-Unrestricted	163.24	163.24
Cell Phone Service-Unrestrict	225.00	225.00
Mileage Reimbursement-Unrestr	62.56	62.56
Administrative Expns-Unrstctd	6,374.56	6,374.56
Telephone Expense-Unrestricted	477.79	477.79
Postage And Shipping-Unrestric	77.28	77.28
Dues And Subscriptions-Unrestr	348.57	348.57
Hospitality-U	434.67	434.67
Member Services - Unrestricted	1,264.52	1,264.52
Technology-U	1,074.88	1,074.88
Salaries-Unrestricted	24,422.99	24,422.99
Other Salaries-Unrestricted	7,692.28	7,692.28
Payroll Tax Expense-Unrestrict	6,368.33	6,368.33
<b>Total Operating Expenses</b>	<b>57,491.67</b>	<b>57,491.67</b>
<b>Net Income from Operations</b>	<b>(12,063.64)</b>	<b>(12,063.64)</b>
<b>Other Income (Expenses)</b>		
Total Other Income (Expenses)	.00	.00
<b>Net Income (Loss)</b>	<b>\$ (12,063.64)</b>	<b>\$ (12,063.64)</b>

See accompanying notes and accountant's report.

**GULF COAST MINORITY CHAMBER OF COMMERCE INC**  
**STATEMENT OF ASSETS, LIABILITIES & EQUITY**  
**INCOME TAX BASIS**  
January 31, 2023

	<u>2023</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
PNC BANK	\$ 5,530.50
Total Current Assets	<u>5,530.50</u>
<b>Property and Equipment</b>	
Office Furniture And Fixtures	2,533.59
Total Property and Equipment	<u>2,533.59</u>
<b>Other Assets</b>	
Total Other Assets	<u>.00</u>
<b>Total Assets</b>	<u>\$ 8,064.09</u>

See accompanying notes and accountant's report.

**GULF COAST MINORITY CHAMBER OF COMMERCE INC**  
**STATEMENT OF ASSETS, LIABILITIES & EQUITY**  
**INCOME TAX BASIS**  
**January 31, 2023**

	2023
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>	
<b>Current Liabilities</b>	
Accounts Payable	4,500.00
Payroll Taxes Payable	5,874.90
Total Current Liabilities	10,374.90
<b>Long-Term Liabilities</b>	
Total Long Term Liabilities	.00
Total Liabilities	10,374.90
<b>Stockholders' Equity</b>	
Opening Balance Equity	6,794.72
Net Assets-Unrestricted	2,958.11
Net Income (Loss)	(12,063.64)
Total Stockholders' Equity	(2,310.81)
<b>Total Liabilities And</b>	
<b>Stockholders' Equity</b>	\$ 8,064.09

See accompanying notes and accountant's report.

**GULF COAST MINORITY CHAMBER OF COMMERCE INC**  
**Income Statement**  
**For the One Month and the Twelve Months ended September 30, 2022**

	One Month Ended September 30, 2022	Twelve Months Ended September 30, 2022
<b>Sales</b>		
Corporate Contribution	\$ 4,500.00	\$ 4,500.00
Escambia County Appropriations	98,416.28	98,416.28
City of Pensacola Appropriatio	37,500.00	37,500.00
Membership Dues	17,340.24	17,340.24
Directory Sponsorship	1,797.00	1,797.00
<b>Total Sales</b>	<b>159,553.52</b>	<b>159,553.52</b>
<b>Cost of Goods Sold</b>		
<b>Gross Profit</b>	<b>159,553.52</b>	<b>159,553.52</b>
<b>Operating Expenses</b>		
Supplies Expense-Unrestricted	998.51	998.51
Office Supplies-Unrestricted	3,353.94	3,353.94
Bank Service Charge-Unrestrict	541.31	541.31
Accounting Service-Unrestrict	11,922.00	11,922.00
Equipment Rental-Unrestricted	1,458.99	1,458.99
Occupancy Expense-Unrestricted	13,112.22	13,112.22
Promotional Expense-Unrestrict	9,799.21	9,799.21
Cell Phone Service-Unrestrict	600.00	600.00
Travel Expenses-Unrestricted	1,845.37	1,845.37
Mileage Reimbursement-Unrestr	1,425.00	1,425.00
Administrative Expns-Unrstctd	1,294.42	1,294.42
Postage And Shipping-Unrestr	190.36	190.36
Dues And Subscriptions-Unrestr	508.00	508.00
Insurance-Unrestricted	3,853.63	3,853.63
Hospitality-U	3,500.05	3,500.05
Member Services - Unrestricted	8,017.96	8,017.96
Technology-U	2,763.91	2,763.91
Web Development & Hosting-U	618.00	618.00
Training Cost-U	325.00	325.00
Salaries-Unrestricted	104,056.43	104,056.43
Payroll Tax Expense-Unrestr	8,547.24	8,547.24
<b>Total Operating Expenses</b>	<b>178,731.55</b>	<b>178,731.55</b>
<b>Net Income from Operations</b>	<b>(19,178.03)</b>	<b>(19,178.03)</b>
<b>Other Income (Expenses)</b>		
Total Other Income (Expenses)	.00	.00
<b>Net Income (Loss)</b>	<b>\$ (19,178.03)</b>	<b>\$ (19,178.03)</b>

See accompanying notes and accountant's report.

**GULF COAST MINORITY CHAMBER OF COMMERCE INC**  
**STATEMENT OF ASSETS, LIABILITIES & EQUITY**  
**INCOME TAX BASIS**  
**September 30, 2022**

<b>ASSETS</b>	<u>2022</u>
<b>Current Assets</b>	
PNC BANK	\$ 9,653.14
Total Current Assets	<u>9,653.14</u>
<b>Property and Equipment</b>	
Office Furniture And Fixtures	<u>2,533.59</u>
Total Property and Equipment	<u>2,533.59</u>
<b>Other Assets</b>	
Total Other Assets	<u>.00</u>
<b>Total Assets</b>	<u><u>\$ 12,186.73</u></u>

See accompanying notes and accountant's report.

**GULF COAST MINORITY CHAMBER OF COMMERCE INC**  
**STATEMENT OF ASSETS, LIABILITIES & EQUITY**  
**INCOME TAX BASIS**  
**September 30, 2022**

	<u>2022</u>
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>	
<b>Current Liabilities</b>	
Payroll Taxes Payable	2,433.90
Total Current Liabilities	<u>2,433.90</u>
<b>Long-Term Liabilities</b>	
Total Long Term Liabilities	<u>.00</u>
Total Liabilities	<u>2,433.90</u>
<b>Stockholders' Equity</b>	
Opening Balance Equity	6,794.72
Net Assets-Unrestricted	22,136.14
Net Income (Loss)	<u>(19,178.03)</u>
Total Stockholders' Equity	<u>9,752.83</u>
<b>Total Liabilities And</b>	
<b>Stockholders' Equity</b>	<u>\$ 12,186.73</u>

See accompanying notes and accountant's report.

**7**

**Gulf Coast Veterans Advocacy Council**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Friday, April 3, 2023.**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

### APPLICATION CHECKLIST

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2020 or 2021 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2019 tax return along with explanation for late filing.
- N/A Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

### GENERAL INFORMATION

- Agency Name: **GULF COAST VETERANS ADVOCACY COUNCIL, INC. (GCVAC)**
- Agency Address: Administrative Office 850-346-3996
  - **1603 North 58th Ave.**
  - **Pensacola, Florida 32506**

Program Name for which funding is being requested: The Gulf Coast Veterans Advocacy Council, Inc. (GCVAC)

- Amount Requested: **\$30,000.00**

#### **Program Contact:**

- Joseph L. Herring, Chairman
- Vernon Watson, CFO

#### **Contact Email:**

- Joseph L. Herring, Chairman
- Vernon Watson, CFO

#### **Contact Phone:**

- (850) 346-3996 – Joseph Herring
- (850) 293-5007 – Vernon Watson

#### **25-Word Description of Program:**

- Our goal is to assist all veterans with emphasis on veterans that can't help themselves and disabled veterans. We facilitate programs to help homelessness among veterans; see that every veteran receives the mental and physical care they deserve; implement programs to help veterans reintegrate back into the community; develop programs for women veterans with services directed towards meeting their needs; establish intervention programs that prevent incarceration of veterans. Veteran's Benefits Program, a Veteran Resources Program, a Veteran's Court Program, an Opioid Prevention Program, a Veteran Stand Down Program, a Service Community Relations Program, and a Female Veterans Outreach Program.

How many years has your organization been providing services in the County? **Since 2010**

How many years has your organization received funding from the County? **Since 2017**

Explain how receiving funds from the County would have a significant impact on your organization:

- **Since the GCVAC is an all-unpaid volunteer organization and depending on funds from donations the funding will be used to pay the cost and expense of implementing all GCVAC programs that directly help veterans.**
- **Funds will be used to support programs such as Veteran Homeless Stand-down, Veterans Opioid Prevention Program, Women Veterans Program, Disabled Veteran Program, etc.**
- **Support of programs cost, and expenses occurred during the facilitating of the AmeriCorps VISTA Volunteers cost of operation and supplies needed to keep volunteers for operation for their duties.**

### **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: **\$11,875.00**

- Briefly discuss how last year's funds were used:  
**Funding was used to help offset expensive to implement our annual events such as Veteran Homeless Stand-down, Veterans Opioid Prevention Program, Women Veterans Program, Disabled Veteran Program, Memorial Day Event, Veterans Homeless Stand Down, Covid Testing and Vaccination Awareness, Veteran Day Parade and in support of Veterans and their families with needs to help expedite VA assistance, claims, and benefits with help of referrals services. Events to reach out in support of all Veteran's Needs. The funding helped pay for expensive and equipment.**
  - **The Gulf Coast Veterans Advocacy Council, Inc. (GCVAC) is an unpaid all-volunteer group of veterans and none veterans helping other unfortunate veterans since 2010. Our organization operates only on donations. The GCVAC administered the following outreach programs: Veteran's Benefits Program, Veteran Resources Program, Veteran's Court Program, Opioid Prevention Program, Veteran Stand Down Program, Service Community Relations Program, Female Veterans Outreach Program, Annual Memorial Day Event Program at NAS Barrancas National Cemetery, Homeless Veterans Stand Down and Veterans Day Parade. We help veterans obtain health care, benefits, education, and employment. More importantly, we provide day-to-day service to Veterans with assistance on service-connected claims to the VA; assistance in registering in e-benefits, as well as support of denials of claims based on CFR compliance with supported documents. We Aided with health issues at the VA. Our goal is to see that every veteran receives mental and physical care they deserve. We are passionate about our programs to help Homeless Veteran but know first-hand that our largely invisible homeless veterans are being overlooked. Homeless veterans are an unfortunate minority, because their homelessness is the result of a whole series of events that result in diminished capacity for these men and women described as "warriors" and heroes." We have developed**

programs to help Disabled Veterans, Woman Veterans, and Homeless Veterans. Incarnated Veterans, Veterans with legal issues, Veterans with opioid problems, etc.

- Last year, AmeriCorps Vista facilitated the hiring of approximately 18 Volunteers from Escambia County to assist the GCVAC with implementing new programs, but we were required to pay all the administrative costs which create an additional financial burden for an organization that depends only on donations funding. We set in place the following positions: Veteran's Benefits Coordinator, a Veteran Resources Coordinator, a Veteran's Court Program Coordinator, an Opioid Prevention Coordinator, a Stand-Down Coordinator, a Service Community Relations Coordinator, a Public Relations Specialist and a Female Veterans Outreach Specialist.
- We have trained and certified five Veteran Service Officers this to assist with Veteran's needs.

**Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?**

- We have provided services in helping over 300 Homeless Veterans with clothing and food. Assisted over 400 Veteran filing of claim for disability and follow up with CFR compliances. Assist 108 with active-duty families with assistance for support in the community during their assignment of duty station at NAS, Corry, Whiting Field and Eglin Air Force Base.
- Provided approximately 100 Veterans and their families with support services with benefits and assist with VA health care needs.
- We trained four (4) new Veteran Services Officers (VSO)
- Created the followings: Veteran's Benefits Program, Veteran Resources Program, Veteran's Court Program, Opioid Prevention Program, and a Female Veterans Outreach Program
- Made Veteran and families aware and encourage Covid Testing and Vaccination

### **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County.

- Since the GCVAC is an all-unpaid volunteer organization and depending on funds from donations the funding will be used to pay the cost and expense of implementing all GCVAC programs that directly helping veterans.
- Funds will be used to support programs such as Veteran Homeless Stand-down, Veterans Opioid Prevention Program, Women Veterans Program, Disabled Veteran Program, etc. Support of programs cost, and expenses occurred during the facilitating of the AmeriCorps VISTA Volunteers cost of operation and supplies needed to keep volunteers for operation for their duties.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: **N/A,**

**However, we are a nonprofit 501(c) (3) volunteer veteran's organization.**

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area

**We have partnered with Pensacola State College, HER Foundation, Veteran Memorial Park, and NAS Barrancas National Cemetery**

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program.

- **We have been serving this community for the past ten (13) years and are well respected by other veteran organizations and are one of the lead organizations to assist Veterans needs on a continuous base.**
- **We can partner with Escambia County Veterans Services and assist the County to serve more than 42,000 veterans and their families' county wide to help obtain benefits, help with Veteran legal matter, and help with Veteran opioid prevention program, etc. The GCVAC has trained and certified five Veteran Service Officers that can assist the County VSO with the overall County's Veterans program.**
- **What we do different than other veteran's programs are that we are 100% volunteer staffed, and receive support from the VA, DOD, all other veteran organizations, and community partners to help successfully expedite our programs.**
- **What makes our program more successful than other peer agencies is that our focuses are not on membership, but to assist the needs of all veterans that are members of other agencies, nonmember of GCVAC, and we do not charge membership fees to be serviced by our organization.**
- **We can provide the County with AmeriCorps VISTA volunteers assigned to the Escambia County Veterans Service Office to assist with implementing the County's Veteran program.**

### **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 10 %
- Percentage for direct programming costs: 90 %

- Salaries for Vista Volunteers will be paid by the Federal Government as a stipend.
- No County funds will be used to salaries to anyone. Volunteers are used.  
Funds will be used to offset operating costs such as supplies, equipment, etc.

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

**We request and receive donations from our corporate partners, local businesses, an individual out of pocket donations and community support.**

- 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 – in other words, not used for match funding.**

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.

To my knowledge, there is no duplication of funding. There are no non-profit donations. Since we are an all donation funded organization, we solicit donations from the private sector and the community.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1.Number of Veterans & Families Helped	15276	15636	5220 to date	2.4%

2. Number of Veterans Helped with Benefits and Health Care.	1565	1356	FY 1Q 820	-13%
3. Helped during Homeless Veterans Stand Down with Services, clothing. Health Care, Food & Referrals Sources on site attendance with one stop one shop.	368	820	630	123%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Number of Veterans and families helped	18,000
<b>2. Present Events for Veterans and their Families</b> *Veterans Day Parade-Number of Veteran Attendees: 5000 *Veterans Day Parade-Number of Citizen Attendees: 8000 *Veterans Day Parade-Number of Organizations Participating: 300 *Homeless Veterans Stand Down: 3000	5000 8000 360 3000
<b>3. Provide support for Veteran Benefits/VA Health Care System Registration</b> *Number of Veterans helped w/benefits and healthcare	2000

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. Number of Veterans and families helped	5220
<b>2. Present Events for Veterans and their Families</b> *Veterans Day Parade-Number of Veteran Attendees *Veterans Day Parade-Number of Citizen Attendees *Veterans Day Parade-Number of Organizations Participating *Homeless Veterans Stand Down	3223 6500 360 2230
<b>3. Provide support for Veteran Benefits/VA Health Care System Registration</b> *Number of Veterans helped w/benefits and healthcare	FY 1Q 830

## 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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$24,781	\$35,000	\$35,000.00
Programmatic Income			
County Funding/Direct Contribution	\$11,875.00	\$ 11,875.00	\$ 30,000.00
County Funding by Other Source (a)	\$500.00	0	0
City Funding	0	0	0
Local Non-Profit 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 (b)	0	0	0
<b>Total Income</b>	<b>\$37156.00</b>	<b>\$46875.00</b>	<b>\$65000.00</b>

**Explaining federal funding**

- \* This includes AmeriCorps VISTA Volunteers Stipend paid by the Federal Government. It is not direct funding. The federal government via AmeriCorps provides VISTA Volunteers and pays for their stipend.

- (a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc

**All years were funded by Escambia County Board of Commissioners & County Funding by Other Source (a) \$500.00 For Veterans Court Transportation Specified use from one Commissioner discretionary Funds.**

- (b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.  
**None**

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff <b>Volunteers</b>	*18	73	120
Salaries and Wages <b>N/A Paid by (Government) CNCS Direct to VISTA's Living Allowance.</b>	**\$1,000,000.00	0	0
Employee Benefits	N/A	N/A	N/A
Professional Services			
Contractual Services	\$15,000.00	\$15,000.00	\$16,000.00
Travel Expenses			
Rentals and Leases	\$6827.00	\$6827.00	\$9600.00
Communication	\$2000.00	\$2000.00	\$2500.00
Postage and Freight	\$125.00	\$125.00	\$500.00
Repair and Maintenance			
Printing and Binding	\$2000.00	\$1854.00	\$3000.00
Marketing and Promotion			
Fuel			
Supplies	\$6000.00	\$5000.00	\$6500.00
Event Expenses	\$4000.00	\$4000.00	\$7000.00
Capitalizable Assets for County Funding (a)			
Other Expenses (b) (Business Expenses & Satellite Office Expenses)	0	\$11,000.00	\$16,000.00
Total Expenses	**\$35,952	\$45,806.00	\$61,100.00
Net Income - (Revenue minus Expense)	\$1204.00	\$1069.00	\$3900.00

\* All volunteer staff      \*\* AmeriCorps VISTA

- Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. None (a)

**None**

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

**\*\*\* These are projected numbers for contractual requirements due to the fact we have satellite locations for some programs and may need to lease additional spaces.**

**Note: The amount listed above as salaries and wages is a federal grant from AmeriCorps VISTA which pays a stipend directly to about 35 VISTSA Volunteers that assist with promoting our Veterans programs. These Volunteers are assigned to our organization and all costs to support them, and the programs lies with GCVAC. The GCVAC must pay all administrative cost, program costs and expenses in supporting the Volunteers.**

**\*\*This amount is less the AmeriCorps VISTA grant for Stipend for VISTA Volunteers.**

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year?

**Calendar Year**

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements.

**None**

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?

**Any left fund will be used to continue the program for the ensuing year**

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
*N/A		

*N/A		
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**\*There are no employees, all volunteers. None of the Board Members or Officers are on a paid salary**

5. Please provide the total amount of cash and investments on hand.

**We average about \$12,182.44.**

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6. Does your organization charge fee for services? If so, provide a list of fees charged.

**No Fees are charged for services**

7. Does your organization require background checks from volunteers and staff

**Only VISTA Volunteers are by federal government. Other volunteers are not.**

**8. ECONOMIC DEVELOPMENT AGENCIES**

**N/A**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A:

\_\_\_\_ **N/A** \_\_\_\_\_

1. What is your agency's Strategic Plan

**N/A**

2. How many jobs were created this year over last year by zip code?

**N/A**

3. What is the net cost per job created?

**N/A**

**ADDITIONAL QUESTIONS**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_

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4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

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5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center;"><b>Gulf Coast Veterans Advocacy Council, Inc.</b></p>	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> C Corporation	
	<input type="checkbox"/> S Corporation	
	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <p style="text-align: center;"><b>1603 North 58th Ave.</b></p>	<b>Requester's name and address (optional)</b>
	<b>6</b> City, state, and ZIP code <p style="text-align: center;"><b>Pensacola, FL 32506</b></p>	
	<b>7</b> 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	0	-	0	3	6	6	3	4	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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>03/21/2023</b>
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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-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, later.*



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248156166  
Feb. 04, 2015 LTR 4168C 0  
80-0366346 000000 00

00016795  
BODC: TE

GULF COAST VETERANS ADVOCACY  
COUNCIL INC  
% ADMINISTRATIVE OFFICE  
1603 N 58TH AVE  
PENSACOLA FL 32506



026690

Employer Identification Number: 80-0366346  
Person to Contact: Mr. Galluppi  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 26, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 2010.

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

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

Please refer to our website [www.irs.gov/eo](http://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.

0248156166  
Feb. 04, 2015 LTR 4168C 0  
80-0366346 000000 00  
00016796

GULF COAST VETERANS ADVOCACY  
COUNCIL INC  
% ADMINISTRATIVE OFFICE  
1603 N 58TH AVE  
PENSACOLA FL 32506

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

Sincerely yours,

*Doris P. Kenwright*

Doris Kenwright, Operation Mgr.  
Accounts Management Operations 1

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 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 **GULF COAST VETERANS ADVOCACY COUNCIL INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1603 NORTH 58TH AVE**  
 City or town State ZIP code  
**PENSACOLA FL 32506**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**80-0366346**

**E** Telephone number  
**(850) 346-3996**

**G** Gross receipts \$ **1,511,781**

**F** Name and address of principal officer:  
**JOSEPH L HERRING 1603 NORTH 58TH AVE, PENSACOLA, FL 32506**

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

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

**J** Website: **WWW.GCVACFLALMS.ORG** (c) Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation **2010** **M** State of legal domicile: **FL**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE SUPPORT SERVICES FOR VETERANS AND THEIR FAMILIES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	24,781
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 4d)	0	1,487,000
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	1,511,781
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	1,516,715
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	1,516,715
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	0	-4,934	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	14,884	9,950
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0	0

**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: **JOSEPH L HERRING** Date: **2/22/2022**  
 Type or print name and title: **JOSEPH L HERRING CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **EDNA M SANDERS** Preparer's signature: **EDNA M SANDERS** Date: **3/31/2022** Check  if self-employed PTIN: **P00266299**  
 Firm's name ▶ **LOCKLIN ACCOUNTING & TAX SERVICES INC** Firm's EIN ▶ **26-2591091**  
 Firm's address ▶ **156 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

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
The mission of the Gulf Coast Veterans Advocacy Council, Inc. is to be a voice for all veterans concerning mental and physical health care, to advocate needed changes in the veteran health care system, and make recommendations to improve the quality of life for the veterans and their families.

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.

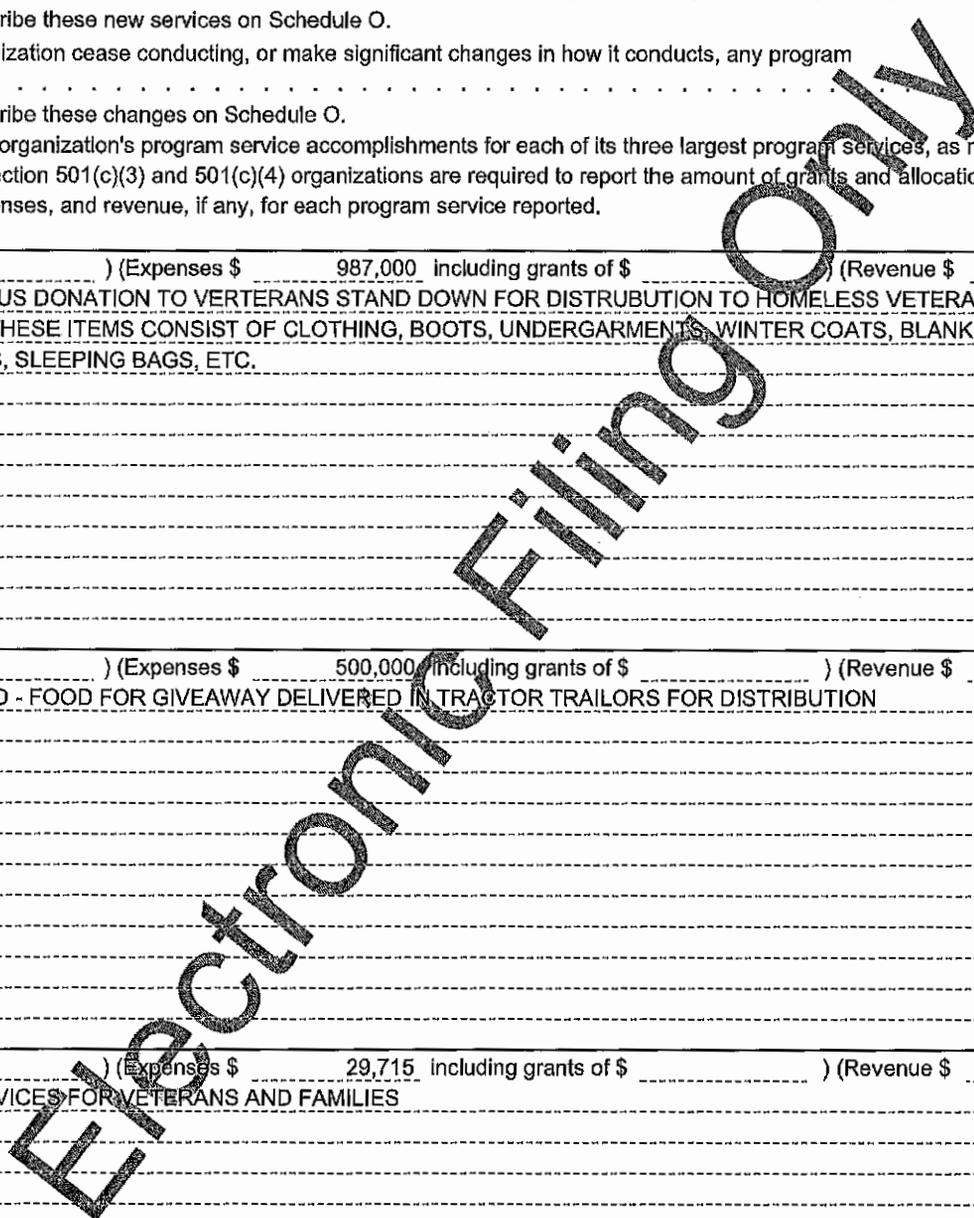
4a (Code: ) (Expenses \$ 987,000 including grants of \$ ) (Revenue \$ 987,000 )  
DOD SURPLUS DONATION TO VETERANS STAND DOWN FOR DISTRIBUTION TO HOMELESS VETERANS AND THEIR FAMILIES. THESE ITEMS CONSIST OF CLOTHING, BOOTS, UNDERGARMENTS, WINTER COATS, BLANKETS, BACKPACKS, SLEEPING BAGS, ETC.

4b (Code: ) (Expenses \$ 500,000 including grants of \$ ) (Revenue \$ 500,000 )  
TRUCK LOAD - FOOD FOR GIVEAWAY DELIVERED IN TRACTOR TRAILORS FOR DISTRIBUTION

4c (Code: ) (Expenses \$ 29,715 including grants of \$ ) (Revenue \$ 29,715 )  
OTHER SERVICES FOR VETERANS AND FAMILIES

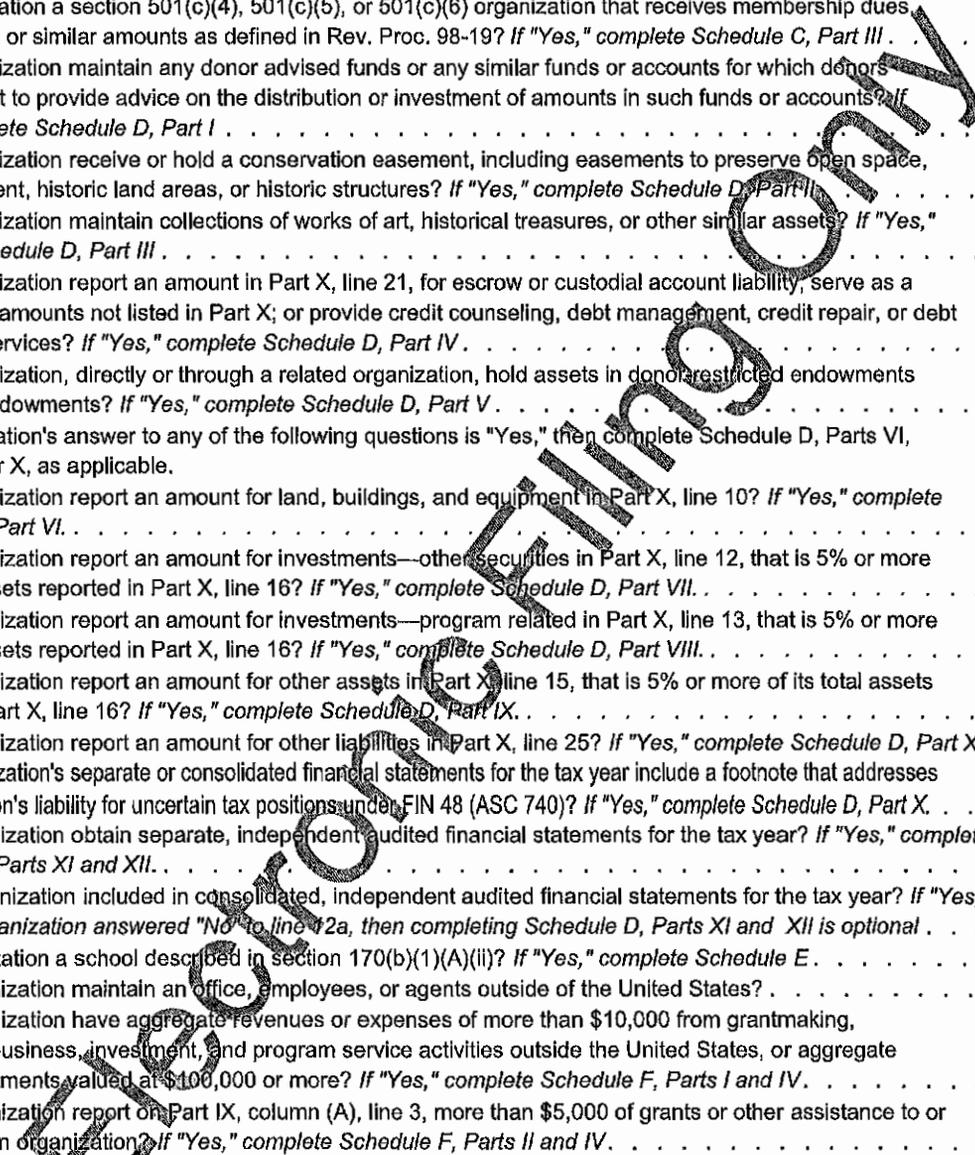
4d Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ ) (Revenue \$ 0 )

4e Total program service expenses ▶ 1,516,715



**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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 donor-restricted endowments or in 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? . . . . .		
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



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover reporting requirements for Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See Instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them?) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	17			

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 on 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included on line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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?... 7b 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... 10b 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?... 11b Describe on 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... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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... 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?... 16b 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
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
19 Describe on 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
JOSEPH H HERRING (850) 346-3996
1603 NORTH 58TH, PENSACOLA, FL 32506

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOSEPH HERRING CEO	40.00 40.00			X						
(2) ROBBIE GREGG OFFICER	40.00 40.00			X						
(3) JESSIE GAITHER COMPLIANCE OFFICER	35.00 35.00			X						
(4) RICHARD ZANI EXECUTIVE SECRETARY	40.00 40.00			X						
(5) VERNON WATSON CFO	35.00 35.00			X						
(6) KREN BALETIN EXECUTIVE DIRECTOR	40.00 40.00			X						
(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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)										
<b>1b Subtotal</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	0			
	b	Membership dues . . . . .	1b	0			
	c	Fundraising events . . . . .	1c	0			
	d	Related organizations . . . . .	1d	0			
	e	Government grants (contributions) . . . . .	1e	11,875			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	12,906			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 0			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		24,781			
	Program Service Revenue			Business Code			
2a		DOD . . . . .		987,000			
b		Government Grant . . . . .		500,000			
c		. . . . .		0			
d		. . . . .		0			
e		. . . . .		0			
f		All other program service revenue . . . . .		0			
g		<b>Total.</b> Add lines 2a-2f . . . . .		1,487,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		0			
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses . . . . .					
	6c	Rental income or (loss) . . . . .	0	0			
	d	Net rental income or (loss) . . . . .		0			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other				
			7a	0	0		
	7b	Less: cost or other basis and sales expenses . . . . .		0	0		
	7c	Gain or (loss) . . . . .	0	0			
	d	Net gain or (loss) . . . . .		0			
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1b). See Part IV, line 18 . . . . .						
		8a	0				
		8b	0				
b	Less: direct expenses . . . . .		0				
c	Net income or (loss) from fundraising events . . . . .		0				
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .						
		9a	0				
		9b	0				
b	Less: direct expenses . . . . .		0				
c	Net income or (loss) from gaming activities . . . . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .						
		10a	0				
		10b	0				
b	Less: cost of goods sold . . . . .		0				
c	Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue			Business Code				
	11a	. . . . .		0			
	b	. . . . .		0			
	c	. . . . .		0			
	d	All other revenue . . . . .		0			
	e	<b>Total.</b> Add lines 11a-11d . . . . .		0			
12	<b>Total revenue.</b> See instructions . . . . .		1,511,781	0	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	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			
7	Other salaries and wages . . . . .	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	0			
11	Fees for services (nonemployees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0		0	
12	Advertising and promotion . . . . .	569	569		
13	Office expenses . . . . .	8,294	8,294		
14	Information technology . . . . .	720	720		
15	Royalties . . . . .	0			
16	Occupancy . . . . .	7,910	7,910		
17	Travel . . . . .	1,439	1,439		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0	0	0	0
23	Insurance . . . . .	735	735		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	TELEPHONE	420	420		
b	ADMINISTRATIVE/SUBSCRIPTIONS	8,728	8,728		
c	CONTRACT LABOR	500	500		
d	PROGRAM SERVICES	1,487,000	1,487,000		
e	All other expenses EQUIPMENT RENTAL/POSTAGE	400	400		
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	1,516,715	1,516,715	0	0
26	<b>Joint costs.</b> 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) . . . . .				

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**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	14,884	1	9,950	
	2	Savings and temporary cash investments . . . . .	0	2		
	3	Pledges and grants receivable, net . . . . .	0	3	0	
	4	Accounts receivable, net . . . . .	0	4	0	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6		
	7	Notes and loans receivable, net . . . . .	0	7	0	
	8	Inventories for sale or use . . . . .	0	8		
	9	Prepaid expenses and deferred charges . . . . .	0	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0		
	b	Less: accumulated depreciation . . . . .	10b	0	10c	0
	11	Investments—publicly traded securities . . . . .	0	11	0	
	12	Investments—other securities. See Part IV, line 11 . . . . .	0	12	0	
	13	Investments—program-related. See Part IV, line 11 . . . . .	0	13	0	
	14	Intangible assets . . . . .	0	14	0	
	15	Other assets. See Part IV, line 11 . . . . .	0	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	14,884	16	9,950		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	0	17		
	18	Grants payable . . . . .	0	18		
	19	Deferred revenue . . . . .	0	19		
	20	Tax-exempt bond liabilities . . . . .	0	20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0	
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	25	0	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	26	0	
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions . . . . .	0	27	0	
	28	Net assets with donor restrictions . . . . .	0	28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds . . . . .	0	29		
	30	Paid-in or capital surplus, or land, building, or equipment fund . . . . .	14,884	30	14,884	
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .	0	31	-4,934	
32	<b>Total net assets or fund balances . . . . .</b>	14,884	32	9,950		
33	<b>Total liabilities and net assets/fund balances . . . . .</b>	14,884	33	9,950		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,511,781
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,516,715
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,884
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,950

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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?		
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 on Schedule O and describe any steps taken to undergo such audits		

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**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>GULF COAST VETERANS ADVOCACY COUNCIL INC</b>	Employer identification number <b>80-0366346</b>
-----------------------------------------------------------------------------	-----------------------------------------------------

**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).)
- 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 on 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 . . . . . 0
  - 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)						
<b>Total</b>					0	0

Signed via Verifyle: 62466bf7ee93e16c

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,156	18,727	40,651	30,856	1,511,651	1,637,041
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	35,156	18,727	40,651	30,856	1,511,651	1,637,041
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 <b>Public support.</b> Subtract line 5 from line 4						1,637,041

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	35,156	18,727	40,651	30,856	1,511,651	1,637,041
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 <b>Total support.</b> Add lines 7 through 10						1,637,041
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> 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 2021 (line 6, column (f), divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	0.00%
16a <b>33 1/3% support test—2021.</b> 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 <b>33 1/3% support test—2020.</b> 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 <b>10%-facts-and-circumstances test—2021.</b> 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 <b>10%-facts-and-circumstances test—2020.</b> 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 <b>Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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 . . . . .						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 <b>Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

14 **First 5 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 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	0.00%

19a **33 1/3% support tests—2021.** 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—2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b containing questions about supported organizations, including status determination, control, and support details.

**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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
	11c		

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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		

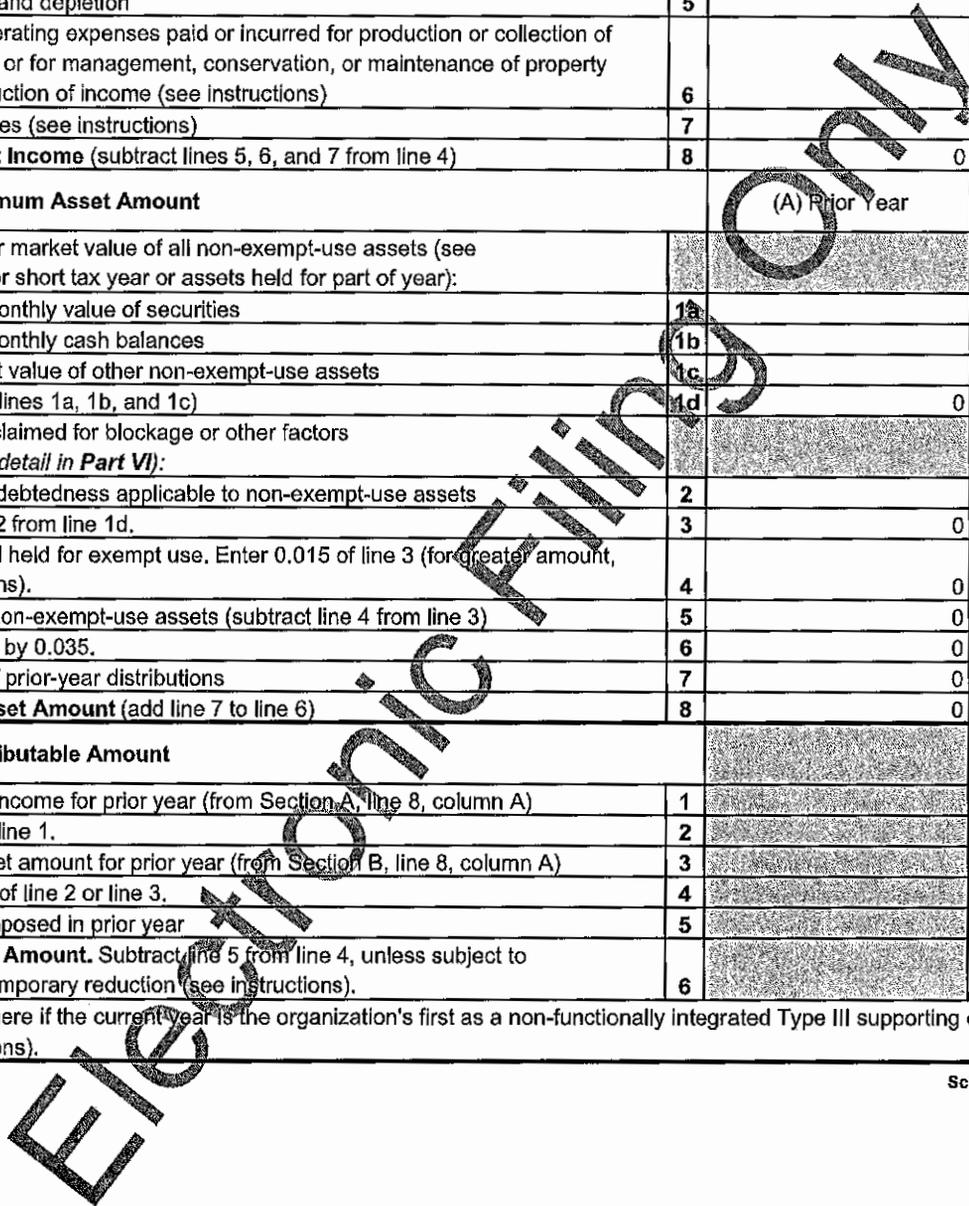
**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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	0 0
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	0 0

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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	0 0
e	<b>Discount</b> 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	0 0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0 0
6	Multiply line 5 by 0.035.	6	0 0
7	Recoveries of prior-year distributions	7	0 0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	0 0

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	0
2	Enter 0.85 of line 1.	2	0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	0
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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
		0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	<b>Total of lines 3a through 3e</b>	0	
g	Applied to underdistributions of prior years	0	
h	Applied to 2021 distributable amount		0
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2021 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years	0	
b	Applied to 2021 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	0	
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2016 . . . . .	0	
b	Excess from 2018 . . . . .	0	
c	Excess from 2019 . . . . .	0	
d	Excess from 2020 . . . . .	0	
e	Excess from 2021 . . . . .	0	

**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.)

Electronic Filing Only

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Table with 2 columns: Name of the organization (GULF COAST VETERANS ADVOCACY COUNCIL INC) and Employer identification number (80-0366346)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization Form 990-PF [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 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)(6) 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>GULF COAST VETERANS ADVOCACY COUNCIL INC</b>	Employer identification number <b>80-0366346</b>
-------------------------------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESCAMBIA COUNTY 221 PALAFOX ST SUITE 440 PENSACOLA FL 32502 Foreign State or Province: _____ Foreign Country: _____	\$ 11,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DOD SURPLUS DONATION 1100 DEFENSE PENTAGON WASHINGTON DC 20301 Foreign State or Province: _____ Foreign Country: _____	\$ 987,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	CONVOY OF HOPE 1 CONVOY DRIVE SPRINGFIELD MO 65802 Foreign State or Province: _____ Foreign Country: _____	\$ 500,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	JESSIE GAITHER 710 LEXINGTON RD PENSACOLA FL 32514 Foreign State or Province: _____ Foreign Country: _____	\$ 1,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEW LIFE CHURCH INC 412 EAST END ST CLEVELANDS MS 38722 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BAPTIST HEALTH CARE 1300 W MORENO ST PENSACOLA FL 38722 Foreign State or Province: _____ Foreign Country: _____	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GULF COAST VETERANS ADVOCACY COUNCIL INC	Employer identification number 80-0366346
------------------------------------------------------------------	----------------------------------------------

**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	J. NEVIN SHAFFER 913 GULF BREEZE PARKWAY GULF BREZE FL 32561 Foreign State or Province: Foreign Country:	\$ 300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BISAYAN CONNECTION PENSACOLA 7421 PETYERSON LN PENSACOLA FL 32506 Foreign State or Province: Foreign Country:	\$ 200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	STEP ONE AUTOMOTIVE GROUP 5600 PENSACOLA BLVD PENSACOLA FL 32505 Foreign State or Province: Foreign Country:	\$ 515	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BOARDWALK HOSPITALITY 875 E NINE MILE RD STE 7 PENSACOLA FL 32514 Foreign State or Province: Foreign Country:	\$ 356	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MICHAELS & BOOTH FAMILY FREEDOM FOUNDAT 501 BRENT LANE PENSACOLA FL 32503 Foreign State or Province: Foreign Country:	\$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	VARIOUS CONTRIBUTORS VARIOUS PENSACOLA FL 32503 Foreign State or Province: Foreign Country:	\$ 2,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GULF COAST VETERANS ADVOCACY COUNCIL INC</b>	Employer identification number <b>80-0366346</b>
-------------------------------------------------------------------------	-----------------------------------------------------

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	----- ----- -----	\$ -----	
3	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Electronic Filing Only

Name of organization GULF COAST VETERANS ADVOCACY COUNCIL INC	Employer identification number 80-0366346
------------------------------------------------------------------	----------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ 0

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			

**Political Campaign and Lobbying Activities**

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

Employer identification number

GULF COAST VETERANS ADVOCACY COUNCIL INC

80-0366346

**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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions . . . . .

**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 . . . . . ▶ \$ 0
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	0	0												
<b>d</b>	Other exempt purpose expenditures . . . . .		0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	0	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount				0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures				0	0
<b>d</b> Grassroots nontaxable amount				0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column(e))					0
<b>f</b> Grassroots lobbying expenditures				0	0

**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.			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
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	0

**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.

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

Electronic Filing Only

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GULF COAST VETERANS ADVOCACY COUNCIL INC

80-0366346

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . . .

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 0
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

Schedule I (Form 990) 2021

HTA



**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

GULF COAST VETERANS ADVOCACY COUNCIL INC

Employer identification number

80-0366346

Form 990, Part VI, Section A, Line 11b: The Form 990 is maintained at the office and is

available for review.

Form 990, Part VI, Section C, Line 19: The Form 990 is maintained at the office and is

available for public review review.

Electronic Filing Only

Name of the organization

Employer identification number

GULF COAST VETERANS ADVOCACY COUNCIL INC

80-0366346

Electronic Filing Only

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer  
**GULF COAST VETERANS ADVOCACY COUNCIL INC** EIN or SSN **80-0366346**

Name and title of officer or person subject to tax  
**JOSEPH L HERRING** CEO

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one 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	1,511,781
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 V, line 5) . . . . .	4b	
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038)CP, Part III, line 22) . . . . .	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) **GULF COAST VETERANS ADVOCACY COUNCIL**, (EIN) **80-0366346** and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize **LOCKLIN ACCOUNTING & TAX SERVICES INC** to enter my PIN **64366** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

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.

**50150332501**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ **EDNA M SANDERS**

Date ▶ **3/31/2022**

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





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 . . . . .		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
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 . . . . .		✓
40b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
40e			
41	List the states with which a copy of this return is filed ▶ <b>FLORIDA</b>		
42a	The organization's books are in care of ▶ <b>Vernon Watson</b> Telephone no. ▶ <b>850-293-5007</b> Located at ▶ <b>1603 North 58th Ave. Pensacola, FL</b> ZIP + 4 ▶ <b>32506-3478</b>		
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			✓
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 ▶		✓
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 . . . . . ▶ <b>43</b>		
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 . . . . .		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See Instructions . . . . .		✓
45b			

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

**Part VI Section 501(c)(3) Organizations Only**

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

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

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a

b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A	0	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

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: Joseph L. Herring - CEO Date: 12/31/2020  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Gulf Coast Veterans Advacaocy Council, Inc.**

Employer identification number

**80-0366346**

**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)							
<b>Total</b>							

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,630.94	35,156.07	18,727.05	40651	30856	147,021.06
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	21,630.94	35,156.07	18,727.05	40651	30856	147,021.06
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						147,021.06

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	21,630.94	35,156.07	18,727.05	40651	30856	147,021.06
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						147,021.06
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 line 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> 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.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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).	<b>2</b>	
<b>3</b> By reason of the relationship described in line 2, above, 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.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No," provide details in Part VI.	<b>3a</b>		
<b>b</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.	<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1e	
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 . . . . .			
b From 2016 . . . . .			
c From 2017 . . . . .			
d From 2018 . . . . .			
e From 2019 . . . . .			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . . . .			
b Excess from 2017 . . . . .			
c Excess from 2018 . . . . .			
d Excess from 2019 . . . . .			
e Excess from 2020 . . . . .			



**8**

## **Health and Hope**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure, or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

### **APPLICATION CHECKLIST (Required)**

- \_\_\_ Submit a fully completed Agency Funding Request Application
- \_\_\_ Submit a copy of your organization's current W-9
- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

### **GENERAL INFORMATION**

Agency Name: Health and Hope Clinic, Inc.

Agency Address: 1718 E. Olive Rd., Pensacola, FL 32514

Program Name for which funding is being requested: Access to Care

Amount Requested: \$30,000.

Program Contact: Sally Bergosh

Contact Email: [Sbergosh@healthandhopeclinic.org](mailto:Sbergosh@healthandhopeclinic.org)

Contact Phone: (850) 748-4456

25-Word Description of Program: The Health and Hope Clinic provides free comprehensive and preventative healthcare, dental, pharmacy, and mental health with wrap-around services to the uninsured and underserved for our local community.

How many years has your organization been providing services in the County? 20, since 2003

How many years has your organization received funding from the County? 3 years, 2020-2022

Explain how receiving funds from the County would have a significant impact on your organization: County funding is essential for Health and Hope Clinic to continue to grow and increase access to care for the uninsured and underserved in our community. The county funding will help the clinic serve the estimated 30,000 uninsured in Escambia County. Funding will help off-set the cost of specific critical services, such as screenings for diabetic and chronic patients and overall care for the underserved. This additional funding will help provide additional wrap-around services and supplies for patients. Beginning in 2020-2022, the clinic has experienced tremendous growth and increases in new patients with many being unemployed and uninsured due largely from the pandemic. The clinic grew from serving 777 unique patients in 2019 to 1048 patients in 2020, 1200 patients in 2021 and now 1400 unique patients were

reported for 2022. Receiving funds from the BOCC will have a significant impact on the clinic's ability to continue keeping up with the demands for services and increase access to care while maintaining care for the medically needy and working poor without the worry of service reductions. This will in turn save Escambia County taxpayers by reducing the number of uninsured and underserved citizens that will go to the emergency room as their last resort means of care.

## **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$28,500

Briefly discuss how last year's funds were used? The general funds were used for the following: lab fees, mental health counseling fees, pharmacy electronic medical record (EMR) fees, dental supplies, pharmaceuticals, and medical supplies. 100% of the BOCC funds were used for direct program costs and were reviewed and submitted to the BOCC accounting department for reimbursement.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? The impact of this county funding was the amount of people that were provided free medical, dental, mental, and pharmaceutical services. The clinic provided over \$5 million dollars' worth of free services in 2022. The clinic's whole patient care and proactive approach by utilizing more health education and wrap-around services has been well-received by patients and our surrounding medical partners. Services provided from your funding include mental health, optometry, dermatology, tobacco cessation classes, women's health services, urology, cardiology, etc. The clinic was able to increase access to care by increasing hours of service and operations while continually recruiting additional specialty services. The Health and Hope Clinic in 2022 was able to keep its 1400 unique patients out of the local ER's, potentially saving the taxpayers hundreds of thousands of dollars in Medicaid reimbursable/chargeable services which could have occurred had these same patients utilized the other healthcare facilities in the county. And very dollar funded to the H&H Clinic is equal to ten dollars in services, which is an amazing return on investment.

## **CURRENT YEAR REQUEST**

**Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?** Health and Hope Clinic is a volunteer-run clinic with only (2) full-time, 40 hour a week employees and (4) part-time employees. In 2020, the clinic had 236 volunteers who gave over 17,000 volunteer hours. In 2021, the clinic had 253 volunteers and gave over 46,792 volunteer hours and secured free

medications equaling \$3,232,001. In 2022, the clinic had 307 volunteers which gave 31,736 of services which equates to \$1,202,737 (if we were paying salaries)

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: St. Joseph’s Clinic is the only other free and charitable clinic in Escambia County that offers free medical care without taking any kind of health insurance reimbursements, including Medicaid. During the pandemic, they lost most of their senior volunteers and had to close their doors. H&H Clinic reached out and offered to help their patients and provided services and continuity of care. They recently reopened 2 days a week. We will continue to monitor their patients and help getting them back on their feet. It is important for all to understand that there is enough need in our community for us to link arms for the common and greater good of serving others with a coordination of efforts united, not divided.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. Health and Hope Clinic is the ONLY free and charitable clinic in the area that absorbs 100% of all accrued patient care costs and that does not charge any fees on a sliding scale to patients and that does not ever file any Medicaid reimbursement claims which ultimately saves the county taxpayers money. The clinic provides services including comprehensive healthcare and dental along with multitude of wrap-around services like optometry, mental health, women’s health, dermatology, chiropractic care, full pharmacy, specialty care, chronic disease management, diagnostics, labs, and health education.

Additionally, the clinic has partnerships throughout the county and provides medical and dental services for other non-profits like Teen Challenge, The Charis House, A Future and a Hope (AFAH). Ministry Village Olive (MVO) assists patients with food security, public showers, utility assistance, and hygiene emergency packs. H&H is the only free clinic to offer FREE Narcan to over 30 different organizations, while also supplying thousands to individuals. The clinic also offers opioid addiction education, and referrals for recovery services through its Impact 100 funded grant "How to Save a Life" program. Additionally, the clinic offers vaccinations and immunizations for anyone in the community and is engaged in community events through partnerships with Parent University and Baptist Faith Network. In 2022 the clinic administered 1493 covid vaccinations out in the community.

## **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 0%
- Percentage for direct programming costs: 100%

If Escambia County funding can only fund a portion of your request, how will you offset the difference? The clinic's desire to increase access to care for the uninsured and underserved will be met by providing access to medical and dental care to more patients. The clinic is increasing volunteer recruitment and increasing volunteer hours to sustain the newly increased number of patients being served, but the amount of funding we receive directly affects the number of patients we can help.

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

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what

those requested funds would be used for. The United Way West Florida awarded the H&H Clinic in 2022-2023 \$35,464.00 appropriated for the salary and wages to fund an APRN position for oversight and quality control of the increased demand for services in our surrounding area. Additionally, in 2019, the H&H Clinic received funding from Impact 100 to become an official FREE Narcan Distribution Site, helping to save lives through giving out free Narcan (nasal spray that revives someone overdosing from opioids) and opioid education. We are the official distribution site and equip over 30 plus organizations throughout Escambia County including the Red Cross, UWF and PSC Campus Police, The Secret Place, Gulf Coast Kid's House, Waterfront Rescue Mission, REAP, etc. This local funding listed does NOT duplicate funding request from the BOCC.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1.Number of total patient visits	9670	10,637	11,701	10%
2.Number of new patients enrolled for services	800	880	968	10%
3.Total Dollar Value of Medical and Dental Care Provided	\$2,984,178	\$3,282,595	\$3,610,855	10%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1.Number of total medical and dental patient visits will increase by 10%	12,870

2.Number of new patients enrolled for services will increase by 10%	1,065
3.Total of medical care provided will increase by 10%	\$3,971,941

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1.Number of total medical and dental patient visits	11,701
2.Number of new patients enrolled for services	968
3.Total of medical care provided	\$3,610,855

## 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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$622,199	\$483,492	\$531,841
Programmatic Income	\$3,961	\$1,800	\$2,000
County Funding/Direct Contribution	\$28,500	\$28,500	\$30,000
County Funding by Other Source (a)	\$2000	\$2,000	\$2,000
City Funding			
Local Non-Profit Funding	\$31,959	\$35,464	<b>\$38,000</b>
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)			
<b>Total Income</b>	<b>\$688,619</b>	<b>\$551,256</b>	<b>\$603,841</b>


(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) Commissioner Discretionary Funding.

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. N/A

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	3.5	4.5	5.0
Salaries and Wages	\$284,559	\$320,775	\$352,853
Employee Benefits/Payroll Taxes	\$21,683	\$25,862	\$26,887
Professional Services	\$12,125	\$34,500	\$37,950
Contractual Services	\$31,484	\$34,831	\$38,314
Travel Expenses	\$0.00	\$2,500	\$2,750
Rentals and Leases	\$8,938	\$11,588	\$12,747
Communication	\$4,228	\$5,000	\$5,500
Postage and Freight	\$1,197	\$3,000	\$3,300
Repair and Maintenance	\$14,817	\$14,600	\$16,060
Printing and Binding	0	0	0
Marketing and Promotion	\$39,728	\$29,600	\$31,580
Fuel	0	0	0
Supplies	\$44,239	\$38,700	\$42,570
Event Expenses	\$13,254	\$15,000	\$16,500
Capitalizable Assets for County Funding (a)	0	0	0
Other Expenses (b)	\$73,130	\$15,300	\$16,830
Total Expenses	\$549,382	\$551,256	\$603,841
Net Income - (Revenue minus Expense)	\$139,237	0	0

- (a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. N/A
- (b) Please explain any request listed in the "Other Expenses" line item. Lab fees, bank fees, office equipment, and IT expenses.

**BUDGET QUESTIONS**

- 1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Calendar
- 2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. In 2022 the clinic received a separate grant from FAFCC to provide community vaccinations. Payroll and expenses related to this grant is excluded from the expense table.
- 3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? The planned use for these excess funds from previous year is to set funds aside for future capital improvements.
- 4. Please list the salary of the top 5 employees, names, and positions of your organization.

Name	Position	Salary
Sally Bergosh	Executive Director	\$75,000
Laura Bacon, APRN	Chief Clinical Officer	\$74,500
Olivia Silavong	Clinic Manager-Administrator	\$46,800
Aschle Joassaint	Volunteer Coordinator	\$41,600
Chris Stevens	Dental Manager	\$31,200

- 5. Please provide the total amount of cash and investments on hand. \$650,918
- 6. Does your organization charge fees for services? If so, provide a list of fees charged.  
NO-All services provided are FREE.

7. Does your organization require background checks from volunteers and staff? YES

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: N/A

1. What is your agency's Strategic Plan? \_\_\_\_\_

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2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

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3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_

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4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

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5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

Sally Bergosh  
**Name**

Executive Director  
**Title**

3/6/2023  
**Date**

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Health and Hope Clinic, Inc**

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ▶ \_\_\_\_\_

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.) See instructions.  
**1718 E. Olive Rd.**

6 City, state, and ZIP code  
**Pensacola, FL 32514**

7 List account number(s) here (optional)

Requester's name and address (optional)

See Specific Instructions on page 3.

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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

OR

Employer identification number

2	6	-	4	3	3	6	6	3	8
---	---	---	---	---	---	---	---	---	---

## 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 for Part II, later.

Sign Here

Signature of U.S. person ▶ *Sally Burgosh*

Date ▶ *3/29/2023*

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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*, later.

ATLANTA GA 39901-0001

In reply refer to: 0752439619  
May 20, 2016 LTR 4168C 0  
26-4336638 000000 00  
00027278  
BODC: TE

HEALTH AND HOPE CLINIC INC  
% RICK HOLLIS  
1718 E OLIVE RD  
PENSACOLA FL 32514-7553



027951

Employer ID Number: 26-4336638  
Form 990 required: Y

Dear Taxpayer:

We issued you a determination letter in July 2009, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752439619  
May 20, 2016 LTR 4168C 0  
26-4336638 000000 00  
00027279

HEALTH AND HOPE CLINIC INC  
% RICK HOLLIS  
1718 E OLIVE RD  
PENSACOLA FL 32514-7553

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Teri M. Johnson".

Teri M. Johnson  
Operations Manager, AM Ops. 3

**HEALTH & HOPE CLINIC, INC.**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2022**

**Health and Hope Clinic, Inc.**  
**Statement of Assets, Liabilities and Net Assets**  
December 31, 2022

	Dec 31, 22
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
11030 · Operating Account (Regions)	638,303.11
11040 · PayPal	12,614.86
<b>Total Checking/Savings</b>	650,917.97
<b>Other Current Assets</b>	
12300 · Prepaid Insurance	1,862.89
12350 · Prepaid Expenses	2,312.50
12500 · Inventory	1,178,278.60
12550 · Less Inventory Valuation	-494,729.46
<b>Total Other Current Assets</b>	687,724.53
<b>Total Current Assets</b>	1,338,642.50
<b>Fixed Assets</b>	
13000 · Fixed Assets	
13100 · Office Equipment	39,611.47
13200 · Medical Equipment	93,129.06
13800 · Accumulated Depreciation	-104,031.35
<b>Total 13000 · Fixed Assets</b>	28,709.18
<b>Total Fixed Assets</b>	28,709.18
<b>TOTAL ASSETS</b>	<b>1,367,351.68</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Other Current Liabilities	
24000 · Payroll Liabilities	8,036.68
<b>Total Other Current Liabilities</b>	8,036.68
<b>Total Current Liabilities</b>	8,036.68
<b>Total Liabilities</b>	8,036.68
<b>Equity</b>	
32000 · Unrestricted Net Assets	1,214,704.45
Net Income	144,610.55
<b>Total Equity</b>	1,359,315.00
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>1,367,351.68</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Statement of Revenues and Expenses**  
For the twelve months ended December 31, 2022

	Jan - Dec 22
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Receipts</b>	
24020 · Pensacola Bay Baptist Assoc.	8,000.00
24030 · Grants	121,251.77
24031 · HRSA Grant-CFDA93.011/U3U45474	355,511.89
24035 · Christmas at the Clinic	225,253.76
24050 · Southern Baptist Convention	6,500.00
24060 · Church Contributions	77,567.24
25070 · Community Contributions	83,469.25
25072 · Board of County Commissioners	13,109.11
25080 · Medical Records Reimbursements	3,961.25
<b>Total Receipts</b>	894,624.27
<b>Total Income</b>	894,624.27
<b>Expense</b>	
<b>Expenses</b>	
35100 · Personnel	
HRSA-CFDA93.011/FAINY3U45474	
HRSA Accounting	6,400.00
HRSA HCW Full TIme	28,000.00
HRSA HCW Part Time	47,940.00
HRSA Program Manager/HCW	50,000.00
<b>Total HRSA-CFDA93.011/FAINY3U45474</b>	132,340.00
35110 · Executive Director	77,115.47
35115 · Administrative Coordinator	19,225.00
35116 · Athena Admin	7,604.75
35130 · Clinical Manager	38,820.00
35131 · Chief Clinical Officer	60,910.00
35132 · Clinical Manager - Asst	27,360.00
35166 · Dental Assistant	29,400.00
35169 · Health Navigator	4,325.00
35172 · Office Manager/Vol Coordinator	19,800.00
66000 · Payroll Expenses	31,659.06
<b>Total 35100 · Personnel</b>	448,559.28
36000 · Other Expenses	
HRSA CFDA 93.011/FAIN U3U45474	
36545 · HRSA Supplies	1,887.51
36546 · HRSA Mileage	2,754.00
36547 · HRSA Cell Phone	1,200.00
36650 · HRSA Incentive Cards	51,752.84
<b>Total HRSA CFDA 93.011/FAIN U3U45474</b>	57,594.35
36010 · Pharmaceuticals	8,481.34
36030 · Licenses	1,375.65
36050 · Lab Fees	964.92
36060 · Office Supplies	5,878.48
36070 · Medical Equip & Supplies	6,464.57
36080 · Counseling Fees	2,640.00
36090 · Postage	1,917.43
36100 · Telephone/Internet	4,228.38
36110 · Office Equipment	19,839.55
36115 · IT Hardware/Software/Consulting	45,934.35
36120 · Janitorial Services	9,140.00
36125 · Maintenance	4,618.99
36126 · Repairs	947.00
36130 · Utilities	14,396.12
36135 · Lease Expense	8,938.30
36150 · EMR/Pharm	1,969.50
36160 · Publicity/Marketing	27,171.29
36165 · Memberships & Dues	1,312.02
36180 · Staff Development	2,909.27
36190 · VolunteerRetention/Appreciatio	9,647.26
36200 · Insurance	3,952.27
36210 · Miscellaneous	2,391.24
36225 · Professional Fees - Audit	1,175.00
36230 · Professional Fees - Bookkeeping	10,950.00
36240 · Grant Expenses	5,838.03
36250 · Christmas at Clinic Expenses	13,253.58
36500 · Dental Supplies	11,561.85
36505 · Dental Equipment	11,853.15
36506 · Dental Repair	110.55
36600 · Capital Improvements	4,000.00
<b>Total 36000 · Other Expenses</b>	301,454.44
<b>Total Expenses</b>	750,013.72
<b>Total Expense</b>	750,013.72
<b>Net Ordinary Income</b>	144,610.55
<b>Net Income</b>	144,610.55

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**SUPPLEMENTARY  
INFORMATION**

**Health and Hope Clinic, Inc.**  
**Schedule I - Revenues and Expenses**  
For the twelve months ended December 31, 2022 and 2021

	Jan - Dec 22	Jan - Dec 21
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Receipts</b>		
24020 · Pensacola Bay Baptist Assoc.	8,000.00	8,700.00
24030 · Grants	121,251.77	204,804.85
24031 · HRSA Grant-CFDA93.011/U3U45474	355,511.89	0.00
24035 · Christmas at the Clinic	225,253.76	157,620.87
24050 · Southern Baptist Convention	6,500.00	4,000.00
24060 · Church Contributions	77,567.24	78,539.31
25070 · Community Contributions	83,469.25	83,778.15
25072 · Board of County Commissioners	13,109.11	0.00
25077 · PPP Loan Forgiveness	0.00	22,300.00
25080 · Medical Records Reimbursements	3,961.25	1,924.00
<b>Total Receipts</b>	<b>894,624.27</b>	<b>561,667.18</b>
<b>Total Income</b>	<b>894,624.27</b>	<b>561,667.18</b>
<b>Expense</b>		
<b>Expenses</b>		
35100 · Personnel		
HRSA-CFDA93.011/FAINY3U45474		
HRSA Accounting	6,400.00	0.00
HRSA HCW Full Time	28,000.00	0.00
HRSA HCW Part Time	47,940.00	0.00
HRSA Program Manager/HCW	50,000.00	0.00
<b>Total HRSA-CFDA93.011/FAINY3U45474</b>	<b>132,340.00</b>	<b>0.00</b>
35110 · Executive Director	77,115.47	69,615.41
35115 · Administrative Coordinator	19,225.00	1,763.00
35116 · Athena Admin	7,604.75	0.00
35130 · Clinical Manager	38,820.00	28,341.72
35131 · Chief Clinical Officer	60,910.00	52,350.00
35132 · Clinical Manager - Asst	27,360.00	0.00
35166 · Dental Assistant	29,400.00	25,400.00
35169 · Health Navigator	4,325.00	0.00
35172 · Office Manager/Vol Coordinator	19,800.00	34,500.00
66000 · Payroll Expenses	31,659.06	16,144.90
<b>Total 35100 · Personnel</b>	<b>448,559.28</b>	<b>228,115.03</b>
36000 · Other Expenses		
HRSA CFDA 93.011/FAIN U3U45474		
36545 · HRSA Supplies	1,887.51	0.00
36546 · HRSA Mileage	2,754.00	0.00
36547 · HRSA Cell Phone	1,200.00	0.00
36650 · HRSA Incentive Cards	51,752.84	0.00
<b>Total HRSA CFDA 93.011/FAIN U3U45474</b>	<b>57,594.35</b>	<b>0.00</b>
36010 · Pharmaceuticals	8,481.34	6,629.91
36030 · Licenses	1,375.65	785.25
36050 · Lab Fees	964.92	1,885.98
36060 · Office Supplies	5,878.48	5,800.50
36070 · Medical Equip & Supplies	6,464.57	8,707.18
36080 · Counseling Fees	2,640.00	2,115.00
36090 · Postage	1,917.43	1,991.48
36100 · Telephone/Internet	4,228.38	4,652.27
36110 · Office Equipment	19,839.55	6,475.45
36115 · IT Hardware/Software/Consulting	45,934.35	15,688.47
36120 · Janitorial Services	9,140.00	7,920.05
36125 · Maintenance	4,618.99	589.28
36126 · Repairs	947.00	1,690.84
36130 · Utilities	14,396.12	11,837.60
36135 · Lease Expense	8,938.30	5,919.95
36150 · EMR/Pharm	1,969.50	8,763.50
36160 · Publicity/Marketing	27,171.29	14,300.87
36165 · Memberships & Dues	1,312.02	1,228.37
36170 · Travel	0.00	2,110.00

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule I - Revenues and Expenses**  
For the twelve months ended December 31, 2022 and 2021

	Jan - Dec 22	Jan - Dec 21
36180 · Staff Development	2,909.27	1,539.62
36190 · Volunteer Retention/Appreciation	9,647.26	8,171.32
36200 · Insurance	3,952.27	3,431.34
36205 · Contributions	0.00	180.00
36210 · Miscellaneous	2,391.24	1,409.94
36220 · Depreciation Expense	0.00	7,304.16
36225 · Professional Fees - Audit	1,175.00	7,625.00
36230 · Professional Fees - Bookkeeping	10,950.00	11,300.00
36240 · Grant Expenses	5,838.03	2,252.26
36250 · Christmas at Clinic Expenses	13,253.58	9,744.08
36500 · Dental Supplies	11,561.85	10,919.87
36505 · Dental Equipment	11,853.15	1,385.00
36506 · Dental Repair	110.55	667.58
36600 · Capital Improvements	4,000.00	0.00
<b>Total 36000 · Other Expenses</b>	<b>301,454.44</b>	<b>175,022.12</b>
<b>Total Expenses</b>	<b>750,013.72</b>	<b>403,137.15</b>
<b>Total Expense</b>	<b>750,013.72</b>	<b>403,137.15</b>
<b>Net Ordinary Income</b>	<b>144,610.55</b>	<b>158,530.03</b>
<b>Other Income/Expense</b>		
<b>Other Income</b>		
<b>In-Kind Donations</b>		
26000 · In-Kind Medical Services Income	0.00	1,034,898.20
26010 · In-Kind Materials & Supplies In	0.00	1,531,117.86
26020 · In-Kind Facilities	0.00	73,944.34
26030 · In-Kind Donated Assets	0.00	5,000.00
80000 · In-Kind Medical Services Exp	0.00	-1,034,898.20
80010 · In-Kind Materials & Supplies	0.00	-1,294,451.82
80020 · In-Kind Facilities Exp	0.00	-73,944.34
<b>Total In-Kind Donations</b>	<b>0.00</b>	<b>241,666.04</b>
<b>Total Other Income</b>	<b>0.00</b>	<b>241,666.04</b>
<b>Other Expense</b>		
37000 · Loss on Disposal of PPE	0.00	100.00
<b>Total Other Expense</b>	<b>0.00</b>	<b>100.00</b>
<b>Net Other Income</b>	<b>0.00</b>	<b>241,566.04</b>
<b>Net Income</b>	<b>144,610.55</b>	<b>400,096.07</b>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule II - Revenues and Expenses**  
For the one month ended December 31, 2022 and 2021

	Dec 22	Dec 21
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Receipts</b>		
24020 · Pensacola Bay Baptist Assoc.	1,333.33	725.00
24030 · Grants	7,955.34	40,119.14
24035 · Christmas at the Clinic	19,700.00	57,590.00
24060 · Church Contributions	8,490.44	5,587.17
25070 · Community Contributions	51,859.76	27,753.00
25080 · Medical Records Reimbursements	2,289.00	200.00
<b>Total Receipts</b>	<u>91,627.87</u>	<u>131,974.31</u>
<b>Total Income</b>	91,627.87	131,974.31
<b>Expense</b>		
<b>Expenses</b>		
<b>35100 · Personnel</b>		
35110 · Executive Director	8,653.86	8,076.93
35115 · Administrative Coordinator	2,825.00	375.50
35130 · Clinical Manager	5,400.00	2,880.00
35131 · Chief Clinical Officer	4,362.50	8,850.00
35166 · Dental Assistant	3,000.00	3,000.00
35169 · Health Navigator	3,000.00	0.00
35172 · Office Manager/Vol Coordinator	2,900.00	4,200.00
66000 · Payroll Expenses	2,313.35	2,061.42
<b>Total 35100 · Personnel</b>	<u>32,454.71</u>	<u>29,443.85</u>
<b>36000 · Other Expenses</b>		
36010 · Pharmaceuticals	271.30	181.21
36030 · Licenses	180.00	50.00
36050 · Lab Fees	0.00	175.44
36060 · Office Supplies	505.57	1,347.18
36070 · Medical Equip & Supplies	121.96	4,852.22
36080 · Counseling Fees	0.00	560.00
36090 · Postage	93.15	194.78
36100 · Telephone/Internet	359.27	352.37
36110 · Office Equipment	635.81	739.47
36115 · IT Hardware/Software/Consulting	0.00	1,407.30
36120 · Janitorial Services	2,600.00	1,819.00
36125 · Maintenance	0.00	60.00
36126 · Repairs	0.00	19.98
36130 · Utilities	1,050.73	963.56
36135 · Lease Expense	871.65	567.35
36150 · EMR/Pharm	292.95	-212.50
36160 · Publicity/Marketing	1,000.03	3,500.03
36170 · Travel	0.00	1,014.00
36180 · Staff Development	91.38	120.37
36190 · Volunteer Retention/Appreciation	1,308.96	1,963.38
36200 · Insurance	0.00	139.85
36205 · Contributions	0.00	180.00
36210 · Miscellaneous	344.42	304.95
36220 · Depreciation Expense	0.00	7,304.16
36230 · Professional Fees - Bookkeeping	850.00	850.00
36250 · Christmas at Clinic Expenses	4,564.95	9,107.65
36500 · Dental Supplies	558.36	219.34
36505 · Dental Equipment	0.00	-4,854.00
36506 · Dental Repair	6.55	0.00
<b>Total 36000 · Other Expenses</b>	<u>15,707.04</u>	<u>32,927.09</u>
<b>Total Expenses</b>	<u>48,161.75</u>	<u>62,370.94</u>
<b>Total Expense</b>	48,161.75	62,370.94
<b>Net Ordinary Income</b>	43,466.12	69,603.37
<b>Other Income/Expense</b>		
<b>Other Income</b>		
<b>In-Kind Donations</b>		
26000 · In-Kind Medical Services Income	0.00	1,034,898.20
26010 · In-Kind Materials & Supplies In	0.00	1,531,117.86
26020 · In-Kind Facilities	0.00	73,944.34
26030 · In-Kind Donated Assets	0.00	5,000.00
80000 · In-Kind Medical Services Exp	0.00	-1,034,898.20
80010 · In-Kind Materials & Supplies	0.00	-1,294,451.82
80020 · In-Kind Facilities Exp	0.00	-73,944.34
<b>Total In-Kind Donations</b>	<u>0.00</u>	<u>241,666.04</u>
<b>Total Other Income</b>	0.00	241,666.04
<b>Other Expense</b>		
37000 · Loss on Disposal of PPE	0.00	100.00
<b>Total Other Expense</b>	<u>0.00</u>	<u>100.00</u>
<b>Net Other Income</b>	0.00	241,566.04
<b>Net Income</b>	<u><u>43,466.12</u></u>	<u><u>311,169.41</u></u>

No assurance is provided on these financial statements.  
These financial statements do not include a statement of cash flows.  
Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule III Revenues and Expenses by Classification**

For the twelve months ended December 31, 2022

	Dental	G&A	HHC	TOTAL
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Receipts</b>				
24020 · Pensacola Bay Baptist Assoc.	0.00	8,000.00	0.00	8,000.00
24030 · Grants	0.00	121,251.77	0.00	121,251.77
24031 · HRSA Grant-CFDA93.011/U3U45474	0.00	355,511.89	0.00	355,511.89
24035 · Christmas at the Clinic	0.00	225,253.76	0.00	225,253.76
24050 · Southern Baptist Convention	0.00	6,500.00	0.00	6,500.00
24060 · Church Contributions	0.00	77,567.24	0.00	77,567.24
25070 · Community Contributions	0.00	83,469.25	0.00	83,469.25
25072 · Board of County Commissioners	0.00	13,109.11	0.00	13,109.11
25080 · Medical Records Reimbursements	0.00	3,961.25	0.00	3,961.25
<b>Total Receipts</b>	<b>0.00</b>	<b>894,624.27</b>	<b>0.00</b>	<b>894,624.27</b>
<b>Total Income</b>	<b>0.00</b>	<b>894,624.27</b>	<b>0.00</b>	<b>894,624.27</b>
<b>Expense</b>				
<b>Expenses</b>				
<b>35100 · Personnel</b>				
<b>HRSA-CFDA93.011/FAINY3U45474</b>				
HRSA Accounting	0.00	6,400.00	0.00	6,400.00
HRSA HCW Full Time	0.00	28,000.00	0.00	28,000.00
HRSA HCW Part Time	0.00	47,940.00	0.00	47,940.00
HRSA Program Manager/HCW	0.00	50,000.00	0.00	50,000.00
<b>Total HRSA-CFDA93.011/FAINY3U45474</b>	<b>0.00</b>	<b>132,340.00</b>	<b>0.00</b>	<b>132,340.00</b>
35110 · Executive Director	0.00	77,115.47	0.00	77,115.47
35115 · Administrative Coordinator	0.00	19,225.00	0.00	19,225.00
35116 · Athena Admin	0.00	7,604.75	0.00	7,604.75
35130 · Clinical Manager	0.00	38,820.00	0.00	38,820.00
35131 · Chief Clinical Officer	0.00	60,910.00	0.00	60,910.00
35132 · Clinical Manager - Asst	0.00	27,360.00	0.00	27,360.00
35166 · Dental Assistant	0.00	29,400.00	0.00	29,400.00
35169 · Health Navigator	0.00	4,325.00	0.00	4,325.00
35172 · Office Manager/Vol Coordinator	0.00	19,800.00	0.00	19,800.00
66000 · Payroll Expenses	0.00	31,659.06	0.00	31,659.06
<b>Total 35100 · Personnel</b>	<b>0.00</b>	<b>448,559.28</b>	<b>0.00</b>	<b>448,559.28</b>
<b>36000 · Other Expenses</b>				
<b>HRSA CFDA 93.011/FAIN U3U45474</b>				
36545 · HRSA Supplies	0.00	605.68	1,281.83	1,887.51
36546 · HRSA Mileage	0.00	2,754.00	0.00	2,754.00
36547 · HRSA Cell Phone	0.00	1,200.00	0.00	1,200.00
36650 · HRSA Incentive Cards	0.00	0.00	51,752.84	51,752.84
<b>Total HRSA CFDA 93.011/FAIN U3U45474</b>	<b>0.00</b>	<b>4,559.68</b>	<b>53,034.67</b>	<b>57,594.35</b>
36010 · Pharmaceuticals	0.00	0.00	8,481.34	8,481.34
36030 · Licenses	84.00	1,111.65	180.00	1,375.65
36050 · Lab Fees	0.00	0.00	964.92	964.92
36060 · Office Supplies	0.00	4,783.25	1,095.23	5,878.48
36070 · Medical Equip & Supplies	0.00	50.23	6,414.34	6,464.57
36080 · Counseling Fees	0.00	0.00	2,640.00	2,640.00
36090 · Postage	0.00	1,600.19	317.24	1,917.43
36100 · Telephone/Internet	0.00	4,228.38	0.00	4,228.38
36110 · Office Equipment	0.00	15,210.64	4,628.91	19,839.55
36115 · IT Hardware/Software/Consulting	0.00	45,934.35	0.00	45,934.35
36120 · Janitorial Services	0.00	9,140.00	0.00	9,140.00
36125 · Maintenance	0.00	4,558.99	60.00	4,618.99
36126 · Repairs	0.00	947.00	0.00	947.00
36130 · Utilities	0.00	14,396.12	0.00	14,396.12
36135 · Lease Expense	0.00	8,938.30	0.00	8,938.30
36150 · EMR/Pharm	0.00	0.00	1,969.50	1,969.50
36160 · Publicity/Marketing	0.00	27,171.29	0.00	27,171.29
36165 · Memberships & Dues	0.00	1,312.02	0.00	1,312.02
36180 · Staff Development	0.00	2,909.27	0.00	2,909.27
36190 · Volunteer Retention/Appreciation	0.00	9,647.26	0.00	9,647.26
36200 · Insurance	0.00	3,952.27	0.00	3,952.27
36210 · Miscellaneous	0.00	2,391.24	0.00	2,391.24
36225 · Professional Fees - Audit	0.00	1,175.00	0.00	1,175.00
36230 · Professional Fees - Bookkeeping	0.00	10,950.00	0.00	10,950.00
36240 · Grant Expenses	0.00	5,838.03	0.00	5,838.03
36250 · Christmas at Clinic Expenses	0.00	13,253.58	0.00	13,253.58
36500 · Dental Supplies	11,527.80	0.00	34.05	11,561.85
36505 · Dental Equipment	11,853.15	0.00	0.00	11,853.15
36506 · Dental Repair	110.55	0.00	0.00	110.55
36600 · Capital Improvements	0.00	4,000.00	0.00	4,000.00
<b>Total 36000 · Other Expenses</b>	<b>23,575.50</b>	<b>198,058.74</b>	<b>79,820.20</b>	<b>301,454.44</b>
<b>Total Expenses</b>	<b>23,575.50</b>	<b>646,618.02</b>	<b>79,820.20</b>	<b>750,013.72</b>
<b>Total Expense</b>	<b>23,575.50</b>	<b>646,618.02</b>	<b>79,820.20</b>	<b>750,013.72</b>
<b>Net Ordinary Income</b>	<b>-23,575.50</b>	<b>248,006.25</b>	<b>-79,820.20</b>	<b>144,610.55</b>
<b>Net Income</b>	<b>-23,575.50</b>	<b>248,006.25</b>	<b>-79,820.20</b>	<b>144,610.55</b>

No assurance is provided on these financial statements.  
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Substantially all disclosures required by GAAP omitted.

**Health and Hope Clinic, Inc.**  
**Schedule IV-Revenue & Expenses-Actual vs. Budget**

For the one month and twelve months ended December 31, 2022

	Dec 22	Budget	\$ Over Budget	Jan - Dec 22	YTD Budget	\$ Over Budget	Annual Budget
<b>Ordinary Income/Expense</b>							
<b>Income</b>							
<b>Receipts</b>							
24020 · Pensacola Bay Baptist Assoc.	1,333.33	666.63	666.70	8,000.00	8,000.00	0.00	8,000.00
24030 · Grants	7,955.34	30,000.00	-22,044.66	121,251.77	189,204.00	-67,952.23	189,204.00
24031 · HRSA Grant-CFDA93.011/U3U45474	0.00	0.00	0.00	355,511.89	355,512.00	-0.11	355,512.00
24035 · Christmas at the Clinic	19,700.00	49,910.00	-30,210.00	225,253.76	145,910.00	79,343.76	145,910.00
24050 · Southern Baptist Convention	0.00	0.00	0.00	6,500.00	4,000.00	2,500.00	4,000.00
24060 · Church Contributions	8,490.44	5,837.00	2,653.44	77,567.24	70,000.00	7,567.24	70,000.00
25070 · Community Contributions	51,859.76	22,725.00	29,134.76	83,469.25	52,700.00	30,769.25	52,700.00
25072 · Board of County Commissioners	0.00	15,390.00	-15,390.00	13,109.11	28,500.00	-15,390.89	28,500.00
25080 · Medical Records Reimbursements	2,289.00	150.00	2,139.00	3,961.25	1,800.00	2,161.25	1,800.00
<b>Total Receipts</b>	<b>91,627.87</b>	<b>124,678.63</b>	<b>-33,050.76</b>	<b>894,624.27</b>	<b>855,626.00</b>	<b>38,998.27</b>	<b>855,626.00</b>
<b>Total Income</b>	<b>91,627.87</b>	<b>124,678.63</b>	<b>-33,050.76</b>	<b>894,624.27</b>	<b>855,626.00</b>	<b>38,998.27</b>	<b>855,626.00</b>
<b>Expense</b>							
<b>Expenses</b>							
35100 · Personnel							
HRSA-CFDA93.011/FAINY3U45474							
HRSA Accounting	0.00	0.00	0.00	6,400.00	6,400.00	0.00	6,400.00
HRSA HCW Full Time	0.00	0.00	0.00	28,000.00	27,728.00	272.00	27,728.00
HRSA HCW Part Time	0.00	0.00	0.00	47,940.00	48,100.00	-160.00	48,100.00
HRSA Program Manager/HCW	0.00	0.00	0.00	50,000.00	50,000.00	0.00	50,000.00
<b>Total HRSA-CFDA93.011/FAINY3U45474</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>132,340.00</b>	<b>132,228.00</b>	<b>112.00</b>	<b>132,228.00</b>
35110 · Executive Director	8,653.86	5,833.00	2,820.86	77,115.47	70,000.00	7,115.47	70,000.00
35115 · Administrative Coordinator	2,825.00	1,387.00	1,438.00	19,225.00	16,640.00	2,585.00	16,640.00
35116 · Athena Admin	0.00	0.00	0.00	7,604.75	0.00	7,604.75	0.00
35130 · Clinical Manager	5,400.00	2,600.00	2,800.00	38,820.00	40,560.00	-1,740.00	40,560.00
35131 · Chief Clinical Officer	4,362.50	3,000.00	1,362.50	60,910.00	74,500.00	-13,590.00	74,500.00
35132 · Clinical Manager - Asst	0.00	2,080.00	-2,080.00	27,360.00	31,200.00	-3,840.00	31,200.00
35166 · Dental Assistant	3,000.00	2,600.00	400.00	29,400.00	31,200.00	-1,800.00	31,200.00
35168 · Nurse Case Manager	0.00	2,080.00	-2,080.00	0.00	12,480.00	-12,480.00	12,480.00
35169 · Health Navigator	3,000.00	0.00	3,000.00	4,325.00	0.00	4,325.00	0.00
35172 · Office Manager/Vol Coordinator	2,900.00	0.00	2,900.00	19,800.00	11,700.00	8,100.00	11,700.00
66000 · Payroll Expenses	2,313.35	1,825.00	488.35	31,659.06	31,692.00	-32.94	31,692.00
<b>Total 35100 · Personnel</b>	<b>32,454.71</b>	<b>21,405.00</b>	<b>11,049.71</b>	<b>448,559.28</b>	<b>452,200.00</b>	<b>-3,640.72</b>	<b>452,200.00</b>
36000 · Other Expenses							
HRSA CFDA 93.011/FAIN U3U45474							
36545 · HRSA Supplies	0.00	0.00	0.00	1,887.51	0.00	1,887.51	0.00
36546 · HRSA Mileage	0.00	0.00	0.00	2,754.00	2,754.00	0.00	2,754.00
36547 · HRSA Cell Phone	0.00	0.00	0.00	1,200.00	1,200.00	0.00	1,200.00
36650 · HRSA Incentive Cards	0.00	0.00	0.00	51,752.84	51,750.00	2.84	51,750.00
<b>Total HRSA CFDA 93.011/FAIN U3U45474</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>57,594.35</b>	<b>55,704.00</b>	<b>1,890.35</b>	<b>55,704.00</b>
36010 · Pharmaceuticals	271.30	646.00	-374.70	8,481.34	7,796.00	685.34	7,796.00
36030 · Licenses	180.00	250.00	-70.00	1,375.65	1,001.00	374.65	1,001.00
36050 · Lab Fees	0.00	166.00	-166.00	964.92	2,000.00	-1,035.08	2,000.00
36060 · Office Supplies	505.57	400.00	105.57	5,878.48	6,900.00	-1,021.52	6,900.00
36070 · Medical Equip & Supplies	121.96	414.00	-292.04	6,464.57	7,111.00	-646.43	7,111.00
36080 · Counseling Fees	0.00	200.00	-200.00	2,640.00	2,500.00	140.00	2,500.00
36090 · Postage	93.15	200.00	-106.85	1,917.43	2,300.00	-382.57	2,300.00
36100 · Telephone/Internet	359.27	420.00	-60.73	4,228.38	5,000.00	-771.62	5,000.00
36110 · Office Equipment	635.81	500.00	135.81	19,839.55	10,000.00	9,839.55	10,000.00
36115 · IT Hardware/Software/Consulting	0.00	2,000.00	-2,000.00	45,934.35	30,000.00	15,934.35	30,000.00
36120 · Janitorial Services	2,600.00	1,530.00	1,070.00	9,140.00	9,000.00	140.00	9,000.00
36125 · Maintenance	0.00	80.00	-80.00	4,618.99	1,000.00	3,618.99	1,000.00
36126 · Repairs	0.00	100.00	-100.00	947.00	2,500.00	-1,553.00	2,500.00
36130 · Utilities	1,050.73	1,051.00	-0.27	14,396.12	18,319.00	-3,922.88	18,319.00
36135 · Lease Expense	871.65	567.00	304.65	8,938.30	6,804.00	2,134.30	6,804.00
36150 · EMR/Pharm	292.95	200.00	92.95	1,969.50	5,000.00	-3,030.50	5,000.00
36160 · Publicity/Marketing	1,000.03	1,100.00	-99.97	27,171.29	37,752.00	-10,580.71	37,752.00
36165 · Memberships & Dues	0.00	0.00	0.00	1,312.02	1,500.00	-187.98	1,500.00
36170 · Travel	0.00	0.00	0.00	0.00	2,500.00	-2,500.00	2,500.00
36180 · Staff Development	91.38	150.00	-58.62	2,909.27	1,800.00	1,109.27	1,800.00
36190 · Volunteer Retention/Appreciatio	1,308.96	1,800.00	-491.04	9,647.26	9,600.00	47.26	9,600.00
36200 · Insurance	0.00	0.00	0.00	3,952.27	3,500.00	452.27	3,500.00
36210 · Miscellaneous	344.42	150.00	194.42	2,391.24	1,800.00	591.24	1,800.00
36225 · Professional Fees - Audit	0.00	500.00	-500.00	1,175.00	1,000.00	175.00	1,000.00
36230 · Professional Fees - Bookkeeping	850.00	850.00	0.00	10,950.00	11,850.00	-900.00	11,850.00
36240 · Grant Expenses	0.00	600.00	-600.00	5,838.03	2,200.00	3,638.03	2,200.00
36250 · Christmas at Clinic Expenses	4,564.95	4,000.00	564.95	13,253.58	10,000.00	3,253.58	10,000.00
36500 · Dental Supplies	558.36	900.00	-341.64	11,561.85	10,800.00	761.85	10,800.00
36505 · Dental Equipment	0.00	2,000.00	-2,000.00	11,853.15	22,000.00	-10,146.85	22,000.00
36506 · Dental Repair	6.55	750.00	-743.45	110.55	3,000.00	-2,889.45	3,000.00
36600 · Capital Improvements	0.00	0.00	0.00	4,000.00	111,189.00	-107,189.00	111,189.00
<b>Total 36000 · Other Expenses</b>	<b>15,707.04</b>	<b>21,524.00</b>	<b>-5,816.96</b>	<b>301,454.44</b>	<b>403,426.00</b>	<b>-101,971.56</b>	<b>403,426.00</b>
<b>Total Expenses</b>	<b>48,161.75</b>	<b>42,929.00</b>	<b>5,232.75</b>	<b>750,013.72</b>	<b>855,626.00</b>	<b>-105,612.28</b>	<b>855,626.00</b>
<b>Total Expense</b>	<b>48,161.75</b>	<b>42,929.00</b>	<b>5,232.75</b>	<b>750,013.72</b>	<b>855,626.00</b>	<b>-105,612.28</b>	<b>855,626.00</b>
<b>Net Ordinary Income</b>	<b>43,466.12</b>	<b>81,749.63</b>	<b>-38,283.51</b>	<b>144,610.55</b>	<b>0.00</b>	<b>144,610.55</b>	<b>0.00</b>
<b>Net Income</b>	<b>43,466.12</b>	<b>81,749.63</b>	<b>-38,283.51</b>	<b>144,610.55</b>	<b>0.00</b>	<b>144,610.55</b>	<b>0.00</b>

No assurance is provided on these financial statements.  
 These financial statements do not include a statement of cash flows.  
 Substantially all disclosures required by GAAP omitted.

Form **8453-TE**

# Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
▶ Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

## 2021

Department of the Treasury  
Internal Revenue Service

Name of filer: HEALTH AND HOPE CLINIC, INC. EIN or SSN: 26-4336638

### Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one 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>2,087,941</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 V, line 5)	4b	
5a Form 8868 check here ▶	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here ▶	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here ▶	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration of Officer or Person Subject to Tax

- 8  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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.

Sign Here ▶ \_\_\_\_\_ Signature of officer or person subject to tax Date \_\_\_\_\_ Title, if applicable: EXECUTIVE DIRECTOR

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature <u>GINNY W. STEVENS</u>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P01395269</u>
	Firm's name (or yours if self-employed), address, and ZIP code	EIN Phone no.			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>GINNY W. STEVENS</u>	Preparer's signature <u>GINNY W. STEVENS</u>	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

OMB No. 1545-0047  
**2021**  
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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 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: **HEALTH AND HOPE CLINIC, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1718 E OLIVE RD**  
 City or town, state or province, country, and ZIP or foreign postal code: **PENSACOLA FL 32514**

**D** Employer identification number: **26-4336638**  
**E** Telephone number: **850-479-4456**  
**G** Gross receipts: **2,097,785**

**F** Name and address of principal officer:  
**SALLY BERGOSH**  
**1718 E OLIVE RD**  
**PENSACOLA FL 32514**

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

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

**J** Website: **WWW.HEALTHANDHOPECLINIC.ORG** **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2009** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>306</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,266,546	2,059,901
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-957	-100
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,725	28,140
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,290,314	2,087,941
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	164,056	228,115
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,800		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,930,584	1,459,730
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,094,640	1,687,845	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	195,674	400,096	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	844,505	1,226,246
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	29,896	11,541
		814,609	1,214,705

**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: **SALLY BERGOSH** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **GINNY W. STEVENS** Preparer's signature: **GINNY W. STEVENS** Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P01395269**  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

Part III Statement of Program Service Accomplishments

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

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 [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 \$ 1,594,709 including grants of\$ ) (Revenue \$ )

HEALTH AND HOPE CLINIC IS A VOLUNTEER AND DONOR DRIVEN MEDICAL CLINIC ESTABLISHED IN ORDER TO HELP MEET THE NEEDS OF THE MEDICALLY UNDERSERVED POPULATION. THE CLINIC OFFERS PRIMARY MEDICAL CARE, PREVENTATIVE CARE, SPECIALTY CARE, LABORATORY SERVICES, PRESCRIPTION ASSISTANCE, AND REFERRALS TO COMMUNITY SOCIAL SERVICES. DENTAL SERVICES INCLUDING CONSULTATIONS, EXTRACTIONS, AND RESTORATIVE CARE ARE ALSO PROVIDED. THE CLINIC OPERATES WITH OVER 306 VOLUNTEER MEDICAL PROFESSIONALS AND SUPPORT STAFF WHOSE VALUE IS OVER \$956,058. OVER 11,122 PATIENT VISITS WERE PROVIDED IN 2021. THERE WERE OVER 3,902 PRESCRIPTIONS FILLED IN 2021 WITH A VALUE OF \$3,232,001.

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

N/A

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

N/A

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

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

4e Total program service expenses 1,594,709

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</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)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</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 on 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

Table with 3 main columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on 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, 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); 7b 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 on Schedule O. (X)

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b Describe on 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on 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); 16b 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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

GINNY STEVENS 1718 E OLIVE RD FL 32514 850-479-4456
PENSACOLA

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SALLY BERGOSH EXECUTIVE DIRECTOR	40.00 0.00			X				69,615	0	0
(2) ANNA CAUSEY CHAIRMAN	2.00 0.00	X		X				0	0	0
(3) LARRY MORRIS, DMD DIRECTOR	1.00 0.00	X						0	0	0
(4) WILLIAM GOODWIN VICE CHAIRMAN	1.00 0.00	X		X				0	0	0
(5) LINDA HINSON DIRECTOR	1.00 0.00	X						0	0	0
(6) NIXON DANIEL, III DIRECTOR	1.00 0.00	X						0	0	0
(7) RONALD JACKSON DIRECTOR	1.00 0.00	X						0	0	0
(8) DONALD MCLAUGHLIN TREASURER/SECRETARY	1.00 0.00	X		X				0	0	0
(9) PAUL MCLEOD, MD DIRECTOR	1.00 0.00	X						0	0	0
(10) RAINA ALEXANDER, MD DIRECTOR	1.00 0.00	X						0	0	0
(11) DR. BRIAN NALL DIRECTOR	1.00 0.00	X						0	0	0



Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	69,615	52,211	13,923	3,481
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	142,355	142,355		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	16,145	14,814	1,065	266
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	18,925		18,925	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	14,301		14,301	
<b>13</b> Office expenses	29,956	11,994	17,539	423
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	26,690	21,352	4,004	1,334
<b>17</b> Travel	2,110	2,110		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	7,304	6,574	730	
<b>23</b> Insurance	9,351	4,736	4,319	296
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LABS, MEDS, SUPPLIES	1,337,778	1,337,778		
<b>b</b> STAFF & VOLUNTEER DEVELOP	9,711		9,711	
<b>c</b> MISCELLANEOUS	2,819		2,819	
<b>d</b> LICENSES	785	785		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,687,845	1,594,709	87,336	5,800
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	367,393	<b>1</b>	473,033
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	31,308
	<b>4</b> Accounts receivable, net		<b>4</b>	5,500
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	446,883	<b>8</b>	683,550
	<b>9</b> Prepaid expenses and deferred charges	3,998	<b>9</b>	4,174
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 132,712		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 104,031	26,231	<b>10c</b> 28,681
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		844,505	<b>16</b>	1,226,246
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	7,596	<b>17</b>	11,541
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	22,300	<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		29,896	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	787,187	<b>27</b>	1,209,705
	<b>28</b> Net assets with donor restrictions	27,422	<b>28</b>	5,000
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>		814,609	<b>32</b>
<b>33 Total liabilities and net assets/fund balances</b>		844,505	<b>33</b>	1,226,246

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,087,941
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,687,845
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	400,096
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	814,609
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,214,705

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	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 on Schedule O.		
<b>3a</b>	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>3b</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 on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public  
Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>HEALTH AND HOPE CLINIC, INC.</b>	Employer identification number <b>26-4336638</b>
-----------------------------------------------------------------	-----------------------------------------------------

**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).)
- 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 on 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)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,058,736	2,492,500	1,720,874	2,266,546	2,059,901	9,598,557
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,058,736	2,492,500	1,720,874	2,266,546	2,059,901	9,598,557
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						9,598,557

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	1,058,736	2,492,500	1,720,874	2,266,546	2,059,901	9,598,557
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-168	12,961	16,171	24,725	28,140	81,829
<b>11 Total support.</b> Add lines 7 through 10						9,680,386
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	68,589
<b>13 First 5 years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.15%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	97.67%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2021.** 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—2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>			
<b>b</b>	A family member of a person described on line 11a above?		
<b>11b</b>			
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>			

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>1</b>			
<b>2</b>	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>		
<b>2</b>			

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>1</b>			

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>1</b>			
<b>2</b>	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>		
<b>2</b>			
<b>3</b>	By reason of the relationship described on line 2, above, 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>		
<b>3</b>			

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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>2a</b>			
<b>b</b>	Did the activities described on line 2a, above, 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>		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>			
<b>b</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>		
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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— <i>provide details in Part VI</i> )			
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.			
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 .....			
b	From 2017 .....			
c	From 2018 .....			
d	From 2019 .....			
e	From 2020 .....			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 .....			
b	Excess from 2018 .....			
c	Excess from 2019 .....			
d	Excess from 2020 .....			
e	Excess from 2021 .....			

**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

\$ 81,829

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2021**▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

**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	AMERICARES 88 HAMILTON AVE STAMFORD CT 06902	\$ 1,017,061	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	DIRECT RELIEF 27 S LA PATERA LANE SANTA BARBARA CA 93117	\$ 287,575	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MERCK 351 NORTH SUMNEYTOWN PIKE NORTH WALES PA 19454	\$ 171,338	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	PFIZER 235 E 42ND STREET NEW YORK NY 10017	\$ 55,144	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	FLORIDA ASSOCIATION OF FREE & CHARITABLE CLINICS PO BOX 352658 PALM COAST FL 32135	\$ 70,898	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NATIONAL ASSOCIATION OF FREE CLINICS 1800 DIAGONAL ROAD, SUITE 600 ALEXANDRIA VA 22314	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES AND MATERIALS ..... .....	\$ 1,017,061	.....
2	MEDICAL SUPPLIES AND MATERIALS ..... .....	\$ 287,575	.....
3	MEDICAL SUPPLIES AND MATERIALS ..... .....	\$ 171,338	.....
4	MEDICAL SUPPLIES AND MATERIALS ..... .....	\$ 55,144	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, acreage, and various monitoring and reporting questions.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

**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 make 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 program
  - 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    |
|----------------------------------------------|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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** Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                          | Yes           | No |
|------------------------------------------|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		132,712	104,031	28,681
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,681

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

**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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Cars, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

Table with 2 columns: 29, Yes/No

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Table with 3 columns: Question ID, Yes, No. Contains rows for 30a, 31, 32a, 33.



**SCHEDULE O  
(Form 990)**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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

HEALTH AND HOPE CLINIC, INC.

Employer identification number

26-4336638

## FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE HEALTH AND HOPE CLINIC IS TO PROVIDE HELP AND HOPE TO THE HURTING. THE CLINIC PROVIDES FREE AND CHARITABLE MEDICAL AND DENTAL CARE TO QUALIFIED INDIVIDUALS WITH LIMITED INCOME, NO ACCESS TO CARE, AND NO HEALTH INSURANCE.

## FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ALL BOARD MEMBERS RECEIVED AN ELECTRONIC COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IN "PDF" FORMAT FOR THEIR REVIEW BEFORE FILING WITH THE IRS. THE BOARD MEMBERS WERE ALSO INFORMED THAT A PAPER COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL OFFICE.

## FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.

## FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON THE JOB PERFORMANCE, THE ORGANIZATION'S BUDGET, AND COMPARABLE COMPENSATION WITHIN THE SAME MARKET.

## FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON THE JOB PERFORMANCE, THE ORGANIZATION'S BUDGET, AND COMPARABLE COMPENSATION WITHIN THE SAME MARKET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND THE COMPILED FINANCIAL STATEMENTS ON FILE AT THE ORGANIZATION'S PRINCIPAL OFFICE. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

HEALTH AND HOPE CLINIC, INC.

26-4336638

		2020	2021	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	2,266,546	2,037,601	-228,945
	2. Membership dues and assessments			
	3. Government contributions and grants		22,300	22,300
	4. Program service revenue			
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-957	-100	857
	8. Net income or (loss) from fundraising events	23,358	26,216	2,858
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,367	1,924	557
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,290,314</b>	<b>2,087,941</b>	<b>-202,373</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	64,038	69,615	5,577
	16. Salaries, other compensation, and employee benefits	100,018	158,500	58,482
	17. Professional fundraising fees			
	18. Other professional fees	9,550	18,925	9,375
	19. Occupancy, rent, utilities, and maintenance	33,619	26,690	-6,929
	20. Depreciation and Depletion	7,763	7,304	-459
	21. Other expenses	1,879,652	1,406,811	-472,841
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,094,640</b>	<b>1,687,845</b>	<b>-406,795</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>195,674</b>	<b>400,096</b>	<b>204,422</b>
<b>O t h e r I n f o r m a t i o n</b>	<b>24. Total exempt revenue</b>	<b>2,290,314</b>	<b>2,087,941</b>	<b>-202,373</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	410	1,824	1,414
	27. Total assets	844,505	1,226,246	381,741
	28. Total liabilities	29,896	11,541	-18,355
	29. Retained earnings	814,609	1,214,705	400,096
	30. Number of voting members of governing body	10	11	
31. Number of independent voting members of governing body	10	11		
32. Number of employees	6	8		
33. Number of volunteers	251	306		

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>HEALTH AND HOPE CLINIC, INC.</b>	Employer Identification Number <b>26-4336638</b>
---------------------------------------------	-----------------------------------------------------

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....				2,266,546	2,059,901	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....				-957	-100	
Investment income .....						
Fundraising revenue (income/loss) .....				23,358	26,216	
Gaming revenue (income/loss) .....						
Other revenue .....				1,367	1,924	
<b>Total revenue</b> .....				<b>2,290,314</b>	<b>2,087,941</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....				64,038	69,615	
Other compensation .....				100,018	158,500	
Professional fees .....				9,550	18,925	
Occupancy costs .....				33,619	26,690	
Depreciation and depletion .....				7,763	7,304	
Other expenses .....				1,879,652	1,406,811	
<b>Total expenses</b> .....				<b>2,094,640</b>	<b>1,687,845</b>	
<b>Excess or (Deficit)</b> .....				<b>195,674</b>	<b>400,096</b>	
<b>Total exempt revenue</b> .....				<b>2,290,314</b>	<b>2,087,941</b>	
Total unrelated revenue .....						
Total excludable revenue .....				410	1,824	
Total Assets .....				844,505	1,226,246	
Total Liabilities .....				29,896	11,541	
Net Fund Balances .....				814,609	1,214,705	

**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 22,300
	1,910,940
	5,000
CHRISTMAS GALA CASH CONTRIBUTION	<u>121,661</u>
TOTAL	<u>\$ 2,059,901</u>

**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
OTHER REVENUE	\$ 1,924
CHRISTMAS GALA	<u>35,960</u>
TOTAL	<u>\$ 37,884</u>

**9**

**Keep Pensacola Beautiful**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Keep Pensacola Beautiful

Agency Address: 3500 Barrancas Avenue, Pensacola, FL 32507

Program Name for which funding is being requested: Keep Pensacola Beautiful County Assistance Program

Amount Requested: \$125,000

Program Contact: Charles Bare

Contact Email: ceo@keeppensacolabeautiful.org Contact Phone: (850) 375-0051

25-Word Description of Program: Keep Pensacola Beautiful provides a variety of sanitation-related services to Escambia County which includes but is not limited to roadside litter removal.

How many years has your organization been providing services in the County? 44

How many years has your organization received funding from the County? 22+

Explain how receiving funds from the County would have a significant impact on your organization: These funds allow Keep Pensacola Beautiful to perform vital services that directly tie-in to our non-profit mission and have environmental, economic and social benefits for the citizens of Escambia County.



## **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: Keep Pensacola Beautiful works regularly with Escambia County Parks and Recreation, City of Pensacola Parks and Recreation, and other area non-profits, companies, and organizations to carry out mission-related activities.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. Keep Pensacola Beautiful has a depth of experience providing these services and possesses all the infrastructure and resources to effectively carry out the assigned tasks. Keep Pensacola Beautiful has a vested interest in a beautiful community and wants to see these activities efficiently and effectively carried out year after year.

## **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 85 %
- Percentage for direct programming costs: 15 %

If Escambia County funding can only fund a portion of your request, how will you offset the difference? Keep Pensacola Beautiful will have to eliminate any services that are unfunded.

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

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. Keep Pensacola Beautiful requests funding for our other events and annual programming, but there is no overlap for these particular services as these are unique to Escambia County. Keep Pensacola recently discontinued registration fees for those choosing to

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23 (in progress)	% Change (21 to 22)
1. Pounds of roadside litter removed	12,525	17,525	30,000	40%
2. Total number of active Adopt-A-Spot groups	44	42	45	-5%
3. Pounds of Litter Removed by Adopt-A-Spot Groups	4,488	8,104	2,200	81%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Number of pounds of litter removed from County roadsides	30,000
2. Number of active Adopt-A-Spot groups	55
3. Number of pounds of litter removed from public spaces by Adopt-A-Spot Groups	8,500

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23

1. Number of pounds of roadside litter removed from County roadsides for the previous year	17,525
2. Number of Active Adopt-A-Spot groups	42
3. Number of pounds of litter removed from public spaces by Adopt-A-Spot groups	8,104

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding/Direct Contribution	\$36,223	\$100,000	\$125,000
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)			
<b>Total Income</b>	<b>\$36,223</b>	<b>\$100,000</b>	<b>\$125,000</b>

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)  N/A

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.  N/A

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff			
Salaries and Wages	\$53,025.25	\$83,985.20	\$107,196.00
Employee Benefits	0	0	0
Professional Services	\$1,344	\$1,344	\$2,787
Contractual Services	0	0	0
Travel Expenses	0	0	0
Rentals and Leases	0	0	\$2,400
Communication	0	0	0
Postage and Freight	0	0	0
Repair and Maintenance	0	0	
Printing and Binding	\$250	0	0
Marketing and Promotion	0	0	0
Fuel	\$6,055	6,055	\$8,850
Supplies	\$8,475	8,475.80	\$4,440
Event Expenses	0	0	0
Capitalizable Assets for County Funding (a)	0	0	0
Other Expenses (b)	0	0	0
<b>Total Expenses</b>	<b>\$69,149.25</b>	<b>\$99,860</b>	<b>\$125,000</b>
Net Income - (Revenue minus Expense)	0 (KPB is reimbursement based only. There is no net income.)	0 (KPB is reimburseme nt based only. There is no net income.)	0\$-673.00 (KPB is reimbursemen t based only. There is no net income.)

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

(b) Please explain any request listed in the "Other Expenses" line item. N/A

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? FY

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements: The income and expenses tables are based on the program Keep Pensacola Beautiful County Assistance Program, but our financials are for the entire organization.

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?  
N/A

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Charles Bare	Chief Executive Officer	\$57,000
Patrick Stewart	Director of Services	\$38,440
David Cochran	Director of Sanitation	\$15.75/hr
Jessie Hedrick	Clean Team Member	\$16/hr
James Tullius	Services Crew Member	\$15/hr

5. Please provide the total amount of cash and investments on hand. \$46,000

6. Does your organization charge fees for services? If so, provide a list of fees charged.  
KPB charges a \$35 processing fee for court-ordered community service workers.

7. Does your organization require background checks from volunteers and staff? Yes for staff. No for volunteers.



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Keep Pensacola Beautiful, Inc.**

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**3500 Barrancas Avenue**

6 City, state, and ZIP code  
**Pensacola, Florida 32507**

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
5	9	-	1	8	6	3	2	3	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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>6/26/23</b>
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.*



Department of the Treasury  
Internal Revenue Service

Cincinnati Service Center  
CINCINNATI OH 45999-0038

In reply refer to: 0255877233  
Feb. 13, 2020 LTR 4168C 0  
59-1863230 000000 00

00018510  
BODC: TE

KEEP PENSACOLA BEAUTIFUL INC  
9 W BLOUNT ST  
PENSACOLA FL 32501

014407

Employer ID number: 59-1863230  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Feb. 06, 2020, about your tax-exempt status.

We issued you a determination letter in December, 1979, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

# Our Corner, Inc.

## Statement of Financial Position

As of September 30, 2022

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
10000 Petty Cash	539.00
10100 Hancock 4118 - Operating	16,793.50
10120 Hancock 4134 - Savings	1,521.88
10140 Hancock 6603 - Endowment	1,050.31
10150 Hancock 7098 - Building Fund	5,224.22
<b>Total Bank Accounts</b>	<b>\$25,128.91</b>
Accounts Receivable	
11000 Accounts Receivable	32,969.00
<b>Total Accounts Receivable</b>	<b>\$32,969.00</b>
<b>Total Current Assets</b>	<b>\$58,097.91</b>
Fixed Assets	
14100 Trailers	4,086.00
14200 Office Equipment	2,257.49
14300 Vehicles	38,364.50
14500 Tools & Equipment	26,367.67
14600 Accumulated Depreciation	
14010 Accum Dpcn - Tools & Equip (deleted)	-13,012.86
14110 Accum Dpcn - Trailers (deleted)	-4,086.00
14210 Accum Dpcn - Office Equipment (deleted)	-902.50
14310 Accum Dpcn - Vehicles (deleted)	-29,658.00
<b>Total 14600 Accumulated Depreciation</b>	<b>-47,659.36</b>
<b>Total Fixed Assets</b>	<b>\$23,416.30</b>
Other Assets	
12000 Prepaid Expenses	1,350.00
12100 Prepaid Insurance	2,466.15
12200 Prepaid Software	7,916.66
15000 Landfill Escrow	750.00
15100 Inventory - Online Store	1,329.97
15200 Inventory - Sustain a Beer (deleted)	936.96
16000 Investment - Annuity	13,852.27
<b>Total Other Assets</b>	<b>\$28,602.01</b>
<b>TOTAL ASSETS</b>	<b>\$110,116.22</b>

# LifeCycle Tax and Wealth Management

2475 E Nine Mile Road Suite B

Pensacola, FL 32514

Info@LifeCycleWealthManagement.com

Phone: (850)465-3075 | Fax: (850)465-3075

February 13, 2023

Our Corner Inc  
3500 Barrancas Ave  
Pensacola, FL 32507

Our Corner Inc:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Our Corner Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (850)465-3075.

Sincerely,

Justin Gates  
LifeCycle Tax and Wealth Management

# LifeCycle Tax and Wealth Management

2475 E Nine Mile Road Suite B

Pensacola, FL 32514

Info@LifeCycleWealthManagement.com

Phone: (850)465-3075 | Fax: (850)465-3075

February 13, 2023

Our Corner Inc  
3500 Barrancas Ave  
Pensacola, FL 32507

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (850)465-3075.

Sincerely,

Justin Gates  
LifeCycle Tax and Wealth Management

# Return of Organization Exempt From Income Tax

**2021**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the <b>2021</b> calendar year, or tax year beginning <b>10-01</b> , 2021, and ending <b>09-30</b> , 2022																												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" 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"><b>C</b> Name of organization: <b>OUR CORNER INC</b></td> <td><b>D</b> Employer identification number <b>59-1863230</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>E</b> Telephone number <b>(850) 438-1178</b></td> </tr> <tr> <td colspan="2"><b>3500 BARRANCAS AVE</b></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>PENSACOLA, FL 32507</b></td> <td><b>G</b> Gross receipts \$ <b>354,287</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>ALEXIS ALLEN</b> <b>3500 BARRANCAS AVE PENSACOLA FL 32507</b></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> 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</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>HTTPS://WWW.OURCORNERESCAMBIA.ORG/</b></td> <td></td> </tr> <tr> <td><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>1979</b></td> <td><b>M</b> State of legal domicile: <b>FL</b></td> </tr> </table>	<b>C</b> Name of organization: <b>OUR CORNER INC</b>		<b>D</b> Employer identification number <b>59-1863230</b>	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(850) 438-1178</b>	<b>3500 BARRANCAS AVE</b>			City or town, state or province, country, and ZIP or foreign postal code <b>PENSACOLA, FL 32507</b>		<b>G</b> Gross receipts \$ <b>354,287</b>	<b>F</b> Name and address of principal officer: <b>ALEXIS ALLEN</b> <b>3500 BARRANCAS AVE PENSACOLA FL 32507</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	<b>I</b> 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		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>HTTPS://WWW.OURCORNERESCAMBIA.ORG/</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1979</b>	<b>M</b> State of legal domicile: <b>FL</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF OUR CORNER INC IS TO PROVIDE EDUCATION AND RESOURCES FOR SUSTAINED COMMUNITY IMPROVEMENT.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <span style="float:right"><b>13</b></span>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <span style="float:right"><b>13</b></span>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>5</b> <span style="float:right"><b>15</b></span>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> <span style="float:right"><b>1,973</b></span>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <span style="float:right"><b>(11,998)</b></span>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <span style="float:right"><b>0</b></span>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>114,313</b> <span style="float:right"><b>62,094</b></span>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>345,996</b> <span style="float:right"><b>304,151</b></span>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>2,636</b> <span style="float:right"><b>(11,958)</b></span>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>(7,275)</b> <span style="float:right"><b>0</b></span>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>455,670</b> <span style="float:right"><b>354,287</b></span>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0</b> <span style="float:right"><b>0</b></span>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0</b> <span style="float:right"><b>0</b></span>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>267,444</b> <span style="float:right"><b>262,282</b></span>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>35,140</b> <span style="float:right"><b>26,396</b></span>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>35,140</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>160,977</b> <span style="float:right"><b>114,136</b></span>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>428,421</b> <span style="float:right"><b>402,814</b></span>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>27,249</b> <span style="float:right"><b>(48,527)</b></span>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>156,984</b> <span style="float:right"><b>110,115</b></span>
	<b>21</b>	Total liabilities (Part X, line 26) <b>3,583</b> <span style="float:right"><b>8,942</b></span>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>153,401</b> <span style="float:right"><b>101,173</b></span>

**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.

<b>Sign Here</b>	<b>ALEXIS ALLEN</b> Signature of officer	<b>02-04-2023</b> Date			
	<b>ALEXIS ALLEN, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Justin Gates</b>	Preparer's signature <b>Justin Gates</b>	Date <b>02-13-2023</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01882642</b>
	Firm's name ▶ <b>LifeCycle Tax and Wealth Management</b>	Firm's EIN ▶		Phone no.	
	Firm's address ▶ <b>2475 E Nine Mile Road Suite B Pensacola FL 32514</b>			<b>850-465-3075</b>	

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF OUR CORNER INC IS TO PROVIDE EDUCATION AND RESOURCES FOR SUSTAINED COMMUNITY IMPROVEMENT.

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

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

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 \$ 215,469 including grants of \$ ) (Revenue \$ 217,259 ) WEEKLY PARK CLEAN-UP & LITTER BARREL MAINTENANCE. ADMINISTRATION OF COMMUNITY SERVICE WORK PROGRAM AND ADOPT A SPOT PROGRAM.

4b (Code: ) (Expenses \$ 32,197 including grants of \$ ) (Revenue \$ 31,295 ) SANITATION SERVICES FOR THE CITY OF PENSACOLA AND CLEANUP FOR SPECIAL EVENTS.

4c (Code: ) (Expenses \$ 22,303 including grants of \$ ) (Revenue \$ 36,223 ) MONTHLY AND WEEKLY CLEAN UP AND PREVENTION PROGRAMS, MAINTAIN LITTER BARRELS IN PARKS ACROSS ESCAMBIA COUNTY. PROVIDE EDUCATION AND PARTICIPATION ON THE PREVENTION OF LITTER.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,750 including grants of \$ ) (Revenue \$ 19,075 )

4e Total program service expenses 281,719

**2021 Filing Instructions**  
**OUR CORNER INC**  
**Tax year ending 09-30-2022**

**Form filed:**

Form 990 and supplemental forms and schedules

**Filing method:**

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

**Due date:**

02-15-2023

**The return reflects neither a refund nor a balance due.**

**Please note:**

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		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>		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>		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>		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>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		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>	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>	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>		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>		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>	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>		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>		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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		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>		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>		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>	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>	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>		X
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

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 10-01, 2021, and ending 09-30, 2022

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

**OUR CORNER INC**

**59-1863230**

Name and title of officer or person subject to tax

**ALEXIS ALLEN, TREASURER**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one 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>354,287</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 V, line 5). . . . .	4b	
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c). . . . .	5b	
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1). . . . .	7b	
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19). . . . .	9b	
10a	Form 8038-CP check here . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize LifeCycle Tax and Wealth Ma to enter my PIN 32514 as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

Date ▶ 02-04-2023

**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.

595575 32514  
**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ Justin Gates

Date ▶ 02-13-2023

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	15		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	3b			
<b>4a</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)? . . . . .	4a			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	11a			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b			
<b>c</b>	Enter the amount of reserves on hand . . . . .	13c			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	15			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	17			

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Florida
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
19 Describe on 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 -> ALEXIS ALLEN (850)438-1178, 3500 BARRANCAS AVE, PENSACOLA, FL 32507

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(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) SIERRA HOBBS DIRECTOR	1.00	X						0	0	0
(2) SEPTEMBER DYE DIRECTOR	1.00	X						0	0	0
(3) KEELY FERRARA DIRECTOR	1.00	X						0	0	0
(4) LOREN LAZEAR DIRECTOR	1.00	X						0	0	0
(5) SEAN MULLINS DIRECTOR	1.00	X						0	0	0
(6) RACHEL VELASQUEZ DIRECTOR	1.00	X						0	0	0
(7) THOMAS LEEMON DIRECTOR	1.00	X						0	0	0
(8) RACHEL THOMAS LEGAL COUNSEL	1.00	X						0	0	0
(9) DAVID PRICE VICE PRESIDENT	1.00	X						0	0	0
(10) CAIA BRIDGFORD PAST PRESIDENT	1.00	X						0	0	0
(11) MICHELLE OLLIFF PRESIDENT	1.00	X						0	0	0
(12) LAUREN GLASS KREUGER PAST PRESIDENT	1.00	X						0	0	0
(13) CAROL DUKE DIRECTOR	1.00	X						0	0	0
(14) CRYSTAL WILSON SECRETARY	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALEXIS ALLEN TREASURER	1.00	X		X				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0	0	0

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>		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>		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	1,600				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	33,401				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	4,991				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	22,102				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			62,094			
Program Service Revenue			Business Code				
	<b>2a</b> ESCAMBIA COUNTY PARKS &	562000	217,259	217,259			
	<b>b</b> ESCAMBIA COUNTY ALLOCAT	562000	36,223	36,223			
	<b>c</b> UWF HISTORIC TRUST	562000	19,075	19,075			
	<b>d</b> CLEAN TEAM	562000	16,467	16,467			
	<b>e</b> CITY OF PNS SANITATION	562000	14,311	14,311			
	<b>f</b> All other program service revenue . . . . .	562000	816	816			
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			304,151				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		40			40	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . . ▶						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	(11,998)			
<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>						
<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		(11,998)				
<b>d</b> Net gain or (loss) . . . . . ▶			(11,998)		(11,998)		
<b>8a</b> Gross income from fundraising events (not including \$ 33,401 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶							
<b>9a</b> Gross income from gaming activities, See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶							
Miscellaneous Revenue			Business Code				
	<b>11a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12 Total revenue.</b> See instructions . . . . . ▶			354,287	304,151	(11,998)	40	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	53,000	21,200	26,500	5,300
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 . . . . .	187,102	187,102		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits . . . . .	2,404	2,404		
10	Payroll taxes . . . . .	19,776	17,156	2,183	437
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	3,575		3,575	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 .	26,396			26,396
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion . . . . .	1,171		1,171	
13	Office expenses . . . . .	3,064		2,317	747
14	Information technology . . . . .	5,855		5,855	
15	Royalties . . . . .				
16	Occupancy . . . . .	30,922		30,922	
17	Travel . . . . .	139		139	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	631		631	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	5,185		5,185	
23	Insurance . . . . .	19,238	15,295	2,810	1,133
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>AUTO EXPENSES</b>	20,451	20,451		
b	<b>PROGRAM EXPENSES</b>	2,225	2,225		
c	<b>WASTE DISPOSAL</b>	5,463	5,463		
d	<b>PARK ROUTE SUPPLIES</b>	5,781	5,781		
e	All other expenses _____	10,436	4,642	4,667	1,127
25	<b>Total functional expenses.</b> Add lines 1 through 24e. .	402,814	281,719	85,955	35,140
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	71,494	1	16,794
	2	Savings and temporary cash investments	21,020	2	8,335
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,524	4	32,969
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,267	8	2,267
	9	Prepaid expenses and deferred charges	13,003	9	11,733
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	71,075		
	b	Less: accumulated depreciation	47,660	10c	23,415
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	13,852
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	750	15	750
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	156,984	16	110,115	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	3,583	25	8,942
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,583	26	8,942
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	110,229	27	101,173
	28	Net assets with donor restrictions	43,172	28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	153,401	32	101,173
	33	<b>Total liabilities and net assets/fund balances</b>	156,984	33	110,115

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	354,287
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	402,814
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(48,527)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	153,401
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	(3,701)
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	101,173

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	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 on Schedule O.		
<b>3a</b>	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>b</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 on Schedule O and describe any steps taken to undergo such audits . . . . .		

**SCHEDULE A  
(Form 990)**

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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> OUR CORNER INC	<b>Employer identification number</b> 59-1863230
---------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	64,422	132,560	27,250	114,313	52,787	391,332
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	64,422	132,560	27,250	114,313	52,787	391,332
<b>5</b> 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) . . . . .						2,173
<b>6 Public support.</b> Subtract line 5 from line 4.						389,159

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	64,422	132,560	27,250	114,313	52,787	391,332
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						391,332
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	99.44 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on 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>		
c	Did a disqualified person (as defined on 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>		
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>		
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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>b</b> Did the activities described on line 2a, above, 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017 . . . .		
b	Excess from 2018 . . . .		
c	Excess from 2019 . . . .		
d	Excess from 2020 . . . .		
e	Excess from 2021 . . . .		



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2021

Table with 2 columns: Name of the organization (OUR CORNER INC) and Employer identification number (59-1863230)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

OUR CORNER INC

Employer identification number

59-1863230

**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	COX COMMUNICATIONS  3405 MCLEMORE DRIVE  PENSACOLA FL 32514	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RON JON SURF SHOP  3850 S BANANA RIVER BLVD  COCOA BEACH FL 32931	\$ 6,000	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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OUR CORNER INC

59-1863230

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB 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., 1b If the organization elected, as permitted under FASB 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 FASB 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 make 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 . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 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 Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                       | Yes           | No |
|---------------------------------------|---------------|----|
| (i) Unrelated organizations . . . . . | <b>3a(i)</b>  |    |
| (ii) Related organizations . . . . .  | <b>3a(ii)</b> |    |
- 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 . . . . .				
d Equipment . . . . .	71,075		47,660	23,415
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶				<b>23,415</b>

**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) ANNUITY	13,852	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . . ▶	13,852	

**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)		
<b>Total.</b> (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) LANDFILL ESCROW	750
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.). . . . . ▶	750

**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) CREDIT CARD	8,760
(3) PAYROLL TAX PAYABLE	182
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.). . . . . ▶	8,942

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .





**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
		PIECES ADRIF (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	12,077		12,077
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	12,077		12,077
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .	1,365		1,365
	7	Food and beverages . . . . .	414		414
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	6,769		6,769
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				3,529

**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: \_\_\_\_\_

**SCHEDULE L  
(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

▶ **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.**

**2021**

▶ **Attach to Form 990 or Form 990-EZ.**

**Open To Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**OUR CORNER INC**

**59-1863230**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

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

**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)					

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

Schedule L (Form 990) 2021



**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

OUR CORNER INC

Employer identification number

59-1863230

**01. Form 990 governing body review (Part VI, line 11)**

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, AND PRESENTED TO THE BOARD OF DIRECTORS FOR  
FINAL REVIEW.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

THE EXECUTIVE DIRECTOR COMPLETES A CONFLICT OF INTEREST FORM AND SUBMITS IT TO THE BOARD  
OF DIRECTORS TO REVIEW AND DETERMINE THE ACTION TO BE TAKEN. THE CONFLICT OF INTEREST  
POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND CHANGES ARE REPORTED IMMEDIATELY  
TO ALL RESPONSIBLE PARTIES.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

EXECUTIVE COMMITTEE MEETS TO DISCUSS AND DETERMINE THE COMPENSATION FOR THE EXECUTIVE  
DIRECTOR. THE COMPENSATION IS THEN PRESENTED TO THE BOARD FOR APPROVAL.

**04. Other officer or key employee compensation (Part VI, line 15b)**

N/A

**05. Governing documents, etc, available to public (Part VI, line 19)**

THE 990 IS AVAILABLE ON WEBSITE AND OTHER VARIOUS SITES.

**06. Explanation of other changes in net assets or fund balances (Part XI, line 9)**

A PRIOR YEAR DEPRECIATION ADJUSTMENT HAD TO BE MADE TO NET OUT ASSETS AS OF 9.30.22

**07. Part III, response or note to any other line in Part III**

COMMUNITY BEAUTIFICATION AND NEIGHBORHOOD IMPROVEMENT INNITIATIVES

Name of the organization

**OUR CORNER INC**

Employer identification number

**59-1863230**

ROADSIDE LITTER REMOVAL, COMMUNITY ASSISTANCE, RECYCLING RESOURCES

UWF HISTORIC CEMETERY MAINTENANCE

SUSTAINABILITY EDUCATION

# Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>OUR CORNER INC</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>59-1863230</b>
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------

**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.

<b>1</b>	Maximum amount (see instructions) . . . . .	<b>1</b>	
<b>2</b>	Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2020 Form 4562 . . . . .	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶ . . . . .	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. . . . .	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS) . . . . .	<b>16</b>	<b>4,218</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2021 . . . . .	<b>17</b>	
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2021 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property		<b>9,673</b>	5	HY	SL	<b>967</b>
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
<b>22</b>	<b>Total.</b> 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 . . . . .	<b>22</b>	<b>5,185</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Statement of Program Service Accomplishments**

**2021** PG01

Name(s) as shown on return

Your Social Security Number

OUR CORNER INC

59-1863230

**FORM 990-PART III(A)**  
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$11750
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$19075

EXPLANATION

UWF HISTORIC TRUST

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General  
(This page is not filed with the return. It is for your records only.)

**2021**  
PAGE 1

Name(s) as shown on return

Social security number/EIN

OUR CORNER INC

59-1863230

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	UTV	07292019	15,300		100.00			15,300	7	SL MQ	14.286	7,665	2,186	9,851	2,186
2	UTV POLARIS	05102021	11,068		100.00			11,068	7	SL HY	14.286	1,581	1,581	3,162	1,581
3	SURFACE BOOK 3 FOR BU	10202020	2,257		100.00			2,257	5	SL HY	20	452	451	903	451
4	TRAILER	03201996	850		100.00			850	5		0	850		850	
5	TRAILER	09051996	830		100.00			830	5		0	830		830	
6	TRAILER	10132011	1,468		100.00			1,468	5		0	1,468		1,468	
7	NEW TRAILER	07022015	938		100.00			938	5		0	938		938	
8	SILVERADO TRUCK	03282014	28,691		100.00			28,691	5		0	28,691		28,691	
9	2008 TOYOTA TUNDRA	11222021	9,673		100.00			9,673	5	SL HY	10		967	967	967
<b>Totals</b>			<b>71,075</b>					<b>71,075</b>				<b>42,475</b>	<b>5,185</b>	<b>47,660</b>	<b>5,185</b>

Land Amount  
Net Depreciable Cost

71,075

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

5,185

ST ADJ:

990

**Overflow Statement**

2021

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

OUR CORNER INC

59-1863230

**PROGRAMS**

<b>Description</b>	<b>Amount</b>
LICENSE AND REGISTRATIONS	\$ 371
PRINTING GAC	271
CEMETERY EQUIPMENT & SUPPLIES	915
CEMETERY MT ZION LIGHTING	862
EQUIPMENT CREW	435
EQUIPMENT RENTAL	1,788
<b>Total:</b>	<b>\$ 4,642</b>

<b>Description</b>	<b>Amount</b>
DUES AND SUBSCRIPTIONS	\$ 3,294
BANK FEES	396
UNIFORMS	610
FOOD/DRINKS	28
EMPLOYEE APPRECIATION	339
<b>Total:</b>	<b>\$ 4,667</b>

<b>Description</b>	<b>Amount</b>
PRINTING EVENTS	\$ 1,127
<b>Total:</b>	<b>\$ 1,127</b>

<b>Description</b>	<b>Amount</b>
PAYROLL DEDUCTIONS PAYABLE	\$ 14
CREDIT CARD	3,569
<b>Total:</b>	<b>\$ 3,583</b>

	TOTAL
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Credit Cards	
22001 The First - Credit Card (deleted)	8,759.86
<b>Total Credit Cards</b>	<b>\$8,759.86</b>
Other Current Liabilities	
20200 Payroll Tax Payable	182.34
<b>Total Other Current Liabilities</b>	<b>\$182.34</b>
<b>Total Current Liabilities</b>	<b>\$8,942.20</b>
<b>Total Liabilities</b>	<b>\$8,942.20</b>
Equity	
32000 *Unrestricted Net Assets	149,701.19
Net Revenue	-48,527.17
<b>Total Equity</b>	<b>\$101,174.02</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$110,116.22</b>

# Our Corner, Inc.

## Statement of Activity by Class

October 2021 - September 2022

	TOTAL
Revenue	
40000 Memberships	1,599.71
41000 Fundraising Event Revenue	
40040 Sustain a Beer (deleted)	87.00
40050 Sweethearts and Succulents	682.47
41010 Communi-Tee Cup Sponsorships	2,891.77
41020 Communi-Tee Cup Revenue	1,608.07
41030 Pieces Adrift Sponsorships	3,385.20
41040 Pieces Adrift Revenue	4,871.72
40031 Pieces Adrift Ticket Sales (deleted)	890.00
<b>Total 41040 Pieces Adrift Revenue</b>	<b>5,761.72</b>
<b>Total 41000 Fundraising Event Revenue</b>	<b>14,416.23</b>
42000 Grants	
42010 FDOT	-9.00
42040 Arbor Day	5,000.00
<b>Total 42000 Grants</b>	<b>4,991.00</b>
43000 Donations	
43010 Board of Directors Donations	600.00
43030 Foundation Donations	4,473.33
43040 Individual Donations	7,859.05
43050 Business Donations	6,656.44
43070 Indv Donation - Giving Tuesday	1,345.19
<b>Total 43000 Donations</b>	<b>20,934.01</b>
44000 Sponsorships	17,000.00
44020 GAC	600.00
44060 International Coastal Cleanup	1,385.20
<b>Total 44000 Sponsorships</b>	<b>18,985.20</b>
45000 Store Merchandise	210.00
41010 Merchandise Sales (deleted)	1,036.45
41110 Sustain A Beer Sales	80.00
<b>Total 45000 Store Merchandise</b>	<b>1,326.45</b>
46000 Programs	
46002 Esc Co Parks & Rec Contract	217,259.33
46004 Escambia County Allocation	36,223.01
46006 Clean Team	16,466.79
46008 City of PNS Sanitation Services	14,310.76
46010 Adopt a Spot	297.97
46012 CS Registration	464.73
46060 KPB Youth Advisory Council	27.84
46070 UWF Historic Trust	19,075.30

	TOTAL
46090 Sustain A Beer	25.00
<b>Total 46000 Programs</b>	<b>304,150.73</b>
47000 Management & General (deleted)	
47010 Refunds (deleted)	-158.10
<b>Total 47000 Management &amp; General (deleted)</b>	<b>-158.10</b>
<b>Total Revenue</b>	<b>\$366,245.23</b>
<b>GROSS PROFIT</b>	<b>\$366,245.23</b>
Expenditures	
50000 Payroll Expenses	0.00
50010 Management Wages	53,000.00
50020 Staff Wages	187,102.43
50050 Payroll Taxes	19,775.91
50060 Payroll Processing Fees	2,403.86
<b>Total 50000 Payroll Expenses</b>	<b>262,282.20</b>
51000 Advertisting & Marketing	
51010 Adv & Marketing - KPB Stickers	324.66
51040 Adv & Marketing - Social Media	88.02
51070 Adv & Marketing - Brand on Us	22.34
51090 Adv & Marketing - Other	736.18
<b>Total 51000 Advertisting &amp; Marketing</b>	<b>1,171.20</b>
51002 Job Advertising	162.22
51500 Dues & Subscriptions	241.00
51510 Dues - Organization Memberships (deleted)	815.34
51520 Dues - Software Subscriptions (deleted)	2,237.32
<b>Total 51500 Dues &amp; Subscriptions</b>	<b>3,293.66</b>
51600 Bank Fees	
51610 Fees - Bank Fees (deleted)	256.50
<b>Total 51600 Bank Fees</b>	<b>256.50</b>
51620 Payment Processing Fees	139.80
51700 Fundraising	94.23
51730 Fundraising - Food/Drinks	1,462.50
51760 Fundraising - Supplies	741.48
51770 Fundraising - Venue Rental	3,476.00
<b>Total 51700 Fundraising</b>	<b>5,774.21</b>
51750 Software Expense	14,628.33
52000 License & Registration	370.63
52100 Office Expense	
52120 Office - Postage	747.36
52190 Office - Other	312.00
<b>Total 52100 Office Expense</b>	<b>1,059.36</b>
52110 Office Supplies	1,727.48
52200 Printing Expense	
52210 Printing - GAC	271.25
52240 Printing - Events	1,126.79
<b>Total 52200 Printing Expense</b>	<b>1,398.04</b>
52310 Accounting Expense	3,575.00

	TOTAL
52320 IT & Software Expense	5,854.62
52400 Rent Expense	
52410 Rent - Office	21,121.30
52420 Rent - Lot	903.20
52430 Rent - Other	2,368.73
<b>Total 52400 Rent Expense</b>	<b>24,393.23</b>
52600 Training & Education	631.32
52700 Travel Expense	
52730 Travel - Hotel & Lodging	123.17
<b>Total 52700 Travel Expense</b>	<b>123.17</b>
52760 Parking Fees	15.59
52800 Utilities Expense	
52830 Utilities - Office	392.55
52840 Utilities - Internet	779.88
52890 Utilities - Other	5,470.61
<b>Total 52800 Utilities Expense</b>	<b>6,643.04</b>
53000 Other Expenses	
53020 Other - Uniforms	610.03
53030 Other - Food/Drinks	27.65
53045 Other - Loss on Asset Disposal	11,998.20
<b>Total 53000 Other Expenses</b>	<b>12,635.88</b>
53050 Employee Appreciation	340.09
54000 Event Expenses	1,335.77
54004 Event - Food & Beverages	-42.00
54006 Event - Other Direct Expenses	3,818.10
60310 Event - Food/Drinks (deleted)	831.26
60390 Event - Other (deleted)	50.00
<b>Total 54000 Event Expenses</b>	<b>5,993.13</b>
60000 Auto Expenses - Fuel	
60010 Auto - Fuel - Truck	10,654.14
60011 Auto - Fuel - ATV	22.44
60012 Auto - Fuel - Equipment	78.21
60030 Auto - License/Reg	220.91
60041 Auto - Repair/Maint - Trailers	76.19
60042 Auto - Repair/Maint - Trucks	6,135.62
60050 Auto - Vehicle Tracking	2,843.10
60090 Auto - Other	208.39
<b>Total 60000 Auto Expenses - Fuel</b>	<b>20,239.00</b>
60040 Repair & Maintenance	211.89
60045 Insurance	-1,277.47
51810 Ins - Auto & UTV	493.24
51820 Ins - Property (including bldg)	21.00
51830 Ins - General Liability	3,818.23
51840 Ins - Directors & Officers	2,809.60
51850 Ins - Volunteer Liability	1,133.50
51860 Ins - Workers Compensation	12,240.20
<b>Total 60045 Insurance</b>	<b>19,238.30</b>

	TOTAL
60100 Cemetery Expenses	
60110 Cemetery - Equipment/Supplies	914.91
60120 Cemetery - Mt Zion Lighting	862.29
<b>Total 60100 Cemetery Expenses</b>	<b>1,777.20</b>
60200 Equipment Expenses	
60210 Equipment - Crew Equipment	435.00
60220 Equipment - Equipment Rental	1,788.00
<b>Total 60200 Equipment Expenses</b>	<b>2,223.00</b>
60500 Park Route Expenses	
60510 Park Route - Supplies	5,781.18
<b>Total 60500 Park Route Expenses</b>	<b>5,781.18</b>
60600 Waste Disposal Expenses	
60610 Escambia County Solid Waste	2,102.27
60620 Waste Management	3,360.26
<b>Total 60600 Waste Disposal Expenses</b>	<b>5,462.53</b>
60700 Adopt a Spot Expense	1,697.60
60800 Depreciation Expense	
51410 Depreciation - Tools & Equip (deleted)	3,767.00
51430 Depreciation - Office Equipment (deleted)	451.00
51440 Depreciation - Vehicles (deleted)	967.00
<b>Total 60800 Depreciation Expense</b>	<b>5,185.00</b>
60900 Other Program Expenses	
60910 Other Program - Volunteer	177.27
60940 Other Program - General Supply	6.79
60990 Other Program - Misc Expenses	343.76
<b>Total 60900 Other Program Expenses</b>	<b>527.82</b>
<b>Total Expenditures</b>	<b>\$414,812.22</b>
<b>NET OPERATING REVENUE</b>	<b>\$ -48,566.99</b>
Other Revenue	
61002 Interest Income	0.12
61004 Other Income	39.70
<b>Total Other Revenue</b>	<b>\$39.82</b>
<b>NET OTHER REVENUE</b>	<b>\$39.82</b>
<b>NET REVENUE</b>	<b>\$ -48,527.17</b>

**10**

**Naval Aviation Museum Foundation – Flight  
Academy**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

### **APPLICATION CHECKLIST (Required)**

- \_\_\_ Submit a fully completed Agency Funding Request Application
- \_\_\_ Submit a copy of your organization's current W-9
- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

### **GENERAL INFORMATION**

Agency Name: Naval Aviation Museum Foundation, Inc. on behalf of its wholly owned subsidiary, The National Flight Academy, LLC.

Agency Address: 1750 Radford Blvd, Suite B Pensacola, FL 32508

Program Name for which funding is being requested: National Flight Academy

Amount Requested: \$100,000

Program Contact: Stephanie Pugh

Contact Email: [spugh@nationalflightacademy.com](mailto:spugh@nationalflightacademy.com) Contact Phone: 850-308-8934

25-Word Description of Program: National Flight Academy is a state-of-the-art aviation-themed learning experience which inspires youth to pursue STEM careers. Our STEM program inspires students to seek out the more challenging courses in Science, Technology, Engineering, and Math after participation.

How many years has your organization been providing services in the County? National Flight Academy has been providing services to the community for 11 years.

How many years has your organization received funding from the County? 11

Explain how receiving funds from the County would have a significant impact on your organization:

To effectively deliver our world class program, support from Escambia County is instrumental to ensure the 1,500+ students currently slated to attend are able to take advantage of the unique experience the National Flight Academy offers. This support directly benefits the students by helping cover expenses including but not limited to transportation, program items, and exposure to a wide array of career opportunities. Support from Escambia County would directly help with meal costs for the students during our summer Deployment program.

### **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$100,000

Briefly discuss how last year's funds were used? Last year's funds were used to provide meals to students during our 12-week summer Deployments.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? NFA was able to serve about 150 students in Escambia County. Our program hosts about 1500 students across the country and the world. We have had students from all states attend. Our summer program brings an increase to tourism in the local area, as parents drop off their children for one week and patronize local hotels, shopping, and restaurants.

### **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? (NFA) leverages state-of-the-art classrooms and 40 networked experimental aircraft flight simulators directly supporting program objectives in an immersive, scenario-based environment. Students will combine critical 21st-century skills with Science, Technology, Engineering and Math (STEM) fundamentals to plan, brief, and execute a wide range of aviation-themed missions. We host 144 students each week during the summer. Escambia County's funding support of \$100,000 subsidized the cost of meals for each student participant.

Is your program a governmental function or requirement? If a governmental request, please cite regulatory/statutory requirement. Please explain: No

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: N/a

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program:

Located adjacent to the National Naval Aviation Museum, the National Flight Academy is a 102,000-square foot, state-of-the-art virtual aircraft carrier called *AMBITION* (CV-11). Each area of *AMBITION* is scenically and theatrically designed to simulate a modern aircraft carrier in which students work within a team squadron format to successfully plan and execute humanitarian missions and tasks. Whether it is a race or rescue, teambuilding activity, or education modules (like the Virtual Reality lab space focused on Aviation Maintenance) science, technology, engineering, and math (STEM) skills are used in tandem with equally important 21st Century learning skills including critical thinking, problem-solving, adaptability and communication to advance the team.

The facility's main deck includes a galley, mess deck, administrative spaces, and the aircraft hangar bay, which houses 42 virtual aircraft simulators, the largest grouping outside the military.

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 as well as being accredited by the American Camp Association.

*AMBITION* is like no other educational experience. From the theme park-like sights and sounds to the premier technology available for students, an AXP's experience is unparalleled. We accommodate six-day Deployments, three-day Cruises and one-day Adventures to fit educational objectives and initiatives of schools, corporate sponsors, and parents. The National Flight Academy ignites imagination and encourages learning like none other, boosting students' interest in the STEM and aviation-related careers needed for a highly skilled, future workforce.

## **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 0%
- Percentage for direct programming costs: 100%

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 focused on corporate, community and private donor support. Current supporters committed to providing NFA scholarships (in 2022) for students include Delta Air Lines, FedEx Express, American Legion, and the Hilton Foundation and Ashley Furniture Home Stores. Community and educational partners include groups such as Sea Cadets, NAACP, JROTC programs and Mississippi Department of Education, as well as numerous schools and individual school districts.

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

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. N/A

## **GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Increase number of students in Escambia County who attend a NFA program (6-day, 3-Day, 1-Day, or STEM Saturday program)	0	117	200	71%
2. Increase the number of students who attend a NFA program and live within a drive market.	0	250	686	174%
3. Increase the number of students who attend a NFA program who live farther than driving distance.	0	1312	1677	28%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Grow the number of students living in Escambia County who attend a NFA program (6-Day, 3-Day, 1-Day, or STEM Saturday program; compared to 2023's number of total students attended)	The number of students in attendance will increase from 200 to 230 resulting in a 15% change.
2. Grow the number of students who attend a NFA program and live within a drive market (Compared to 2023's number of total students attended)	The number of students in attendance will increase from 686 to 786 resulting in a 14.5% change.

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. We have seen a rise in support of our program through local middle and high school participation. This past year we have grown and continue to increase the number of students who attend an NFA program during the academic school year.	71% change from 2022.

2. We have seen an increase in scholarship opportunities for students within the driving market of Pensacola. Since summer 2022, we have increased our attendance rate by over 600 students.	174% change from 2022.

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
National Flight Academy STEM Program	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$408,774	\$33,000	\$33,000
Programmatic Income	2,201,134	2,733,113	2,733,113
County Funding/Direct Contribution	100,000	100,000	100,000
County Funding by Other Source (a)	0	0	0
City Funding	0	0	0
Local Non-Profit Funding	0	0	0
State Funding	631,655	421,000	421,000
Federal Funding	0	0	0
Memberships	0	0	0
Investment Income	3,517	3,517	3,517
Other Income (b)	51,886	82,989	82,989
Total Income	\$3,396,966	\$3,373,619	\$3,373,619

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.

"Other Income" is primarily related to merchandise sold to the students during program.

<b>EXPENSES TABLE</b>			
National Flight Academy STEM Program	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff			
Salaries, Wages and Benefits	1,433,939	1,223,918	1,223,918
Program Direct Cost – Meals, Transportation, Security, and Supplies	443,810	433,935	433,935
Professional Services	21,750	9,750	9,750
Contractual Services	94,136	85,092	85,092
Travel Expenses	9,730	9,264	9,264
Rentals and Leases / Utilities	232,356	187,951	187,951
Postage and Freight	840	378	378
Repair and Maintenance	125,453	120,000	120,000
Marketing and Promotion	24,657	21,956	21,956
Insurance	120,031	130,000	130,000
security background checks/employees	20,643	11,889	11,889
Capitalizable Assets for County Funding (a)	0	0	0
Other Expenses (b)	742,279	457,240	457,240
Depreciation expense	352,791	448,581	448,581
<b>Total Expenses</b>	<b>3,622,415</b>	<b>3,139,954</b>	<b>3,139,954</b>
Net Income/(Loss) - (Revenue minus Expense)	(225,449)	233,665	233,665

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Please explain any request listed in the "Other Expenses" line item. Other expense primarily is related to State of Florida grant for STEM (Science, Technology, Engineering and Math) program/curriculum development and related supplies. To a lesser extent, it includes office supplies, IT services, and equipment rental.

(c)

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Calendar Year

1. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. Financial Statements include in-kind donation of flight simulator software licenses.

2. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? \_\_\_\_\_

\_\_\_\_\_

3. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Pat Everly	Executive Director	\$155,250
Mark Curley	Director of Operations	\$65,594
Stephanie Pugh	Client Relations Director	\$62,680
Ashley Long	Curriculum and Training Manager	\$56,000
Anthony Bowden	Program Manager	\$50,700

4. Please provide the total amount of cash and investments on hand. \$373,000 as of 12/31/2022
5. Does your organization charge fees for services? If so, provide a list of fees charged.  
Yes, we charge \$1,500 for STEM summer program.
6. Does your organization require background checks from volunteers and staff? Yes

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How many jobs were created this year over last year by zip code? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? N/a

\_\_\_\_\_

2. Did your agency receive any grants? List the amount and a detailed use of the funds.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Was there any increase in membership for the local chambers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

\_\_\_\_\_  
Name

Client Relations Director 6/26/2023

\_\_\_\_\_  
Title Date

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Naval Aviation Museum Foundation, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above <b>STEM Center of Excellence of Northwest Florida</b>	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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) ▶ <b>501 c(3)</b>	
	<b>4</b> 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>	
	<b>5</b> Address (number, street, and apt. or suite no.) <b>1750 Radford Blvd., Suite B</b>	
	<b>6</b> City, state, and ZIP code <b>Nas Pensacola, FL 32508</b>	
	<b>7</b> List account number(s) here (optional)	
<b>Requester's name and address (optional)</b>		

## 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
5	9	-	6	1	7	8	2	3	7

## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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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](http://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  
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](http://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

# Saltmarsh

Saltmarsh, Cleaveland & Gund

*CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS*

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

**PENSACOLA, FLORIDA**

**CONSOLIDATED FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020**

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

**PENSACOLA, FLORIDA**

**CONSOLIDATED FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020**

**CONTENTS**

	PAGE
Independent Auditor's Report	1
Consolidated Statements of Financial Position	3
Consolidated Statements of Activities	4
Consolidated Statements of Functional Expenses	5
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7

## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited the accompanying consolidated financial statements of the Naval Aviation Museum Foundation, Inc. and Subsidiaries (the "Foundation") (a nonprofit corporation), which comprise the consolidated statements of financial position as of December 31, 2021 and 2020, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

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, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Consolidated Financial Statements**

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Foundation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



Pensacola, Florida  
April 25, 2022

**NAVAL AVIATION MUSEUM FOUNDATION, INC.  
AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2021 AND 2020  
(In thousands of dollars)**

**ASSETS**

	2021	2020
<b>Current Assets:</b>		
Cash and cash equivalents	\$ 2,402	\$ 1,872
Unconditional promises to give, net	106	61
Inventory	756	1,013
Prepaid expenses	59	62
Accounts receivable	5	6
Total current assets	3,328	3,014
<b>Noncurrent Assets:</b>		
Investments	25,455	17,497
Beneficial interest in perpetual trust	1,455	1,359
Unconditional promises to give, net	-	75
Property and equipment, net	2,817	3,410
Total other assets	29,727	22,341
<b>Total Assets</b>	\$ 33,055	\$ 25,355

**LIABILITIES AND NET ASSETS**

<b>Current Liabilities:</b>		
Accounts payable	\$ 143	\$ 187
Accrued wages and compensated absences	329	198
Current maturities of notes payable	272	245
Deferred revenue	1,348	109
Total current liabilities	2,092	739
<b>Long-Term Liabilities:</b>		
Deferred revenue	-	1,165
Notes payable, less current maturities	202	472
Total long-term liabilities	202	1,637
Total liabilities	2,294	2,376
<b>Net Assets:</b>		
Without donor restrictions	14,380	13,374
With donor restrictions	16,381	9,605
Total net assets	30,761	22,979
<b>Total Liabilities and Net Assets</b>	\$ 33,055	\$ 25,355

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

**NAVAL AVIATION MUSEUM FOUNDATION, INC.  
AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020  
(In thousands of dollars)**

	2021			2020		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Revenues and Other Support:</b>						
Sales	\$ 1,867	\$ -	\$ 1,867	\$ 654	\$ -	\$ 654
Tuition	66	-	66	196	-	196
Contributions and memberships	2,255	6,108	8,363	2,834	176	3,010
Grants	1,415	-	1,415	1,342	-	1,342
Special events	68	-	68	15	-	15
Investment income	1,091	702	1,793	417	17	434
Investment gains	522	173	695	392	637	1,029
Gain on beneficial interest in perpetual trust	-	142	142	-	147	147
Miscellaneous income	1	-	1	23	-	23
Net assets released from restrictions	349	(349)	-	567	(567)	-
<b>Total revenue and other support</b>	<b>7,634</b>	<b>6,776</b>	<b>14,410</b>	<b>6,440</b>	<b>410</b>	<b>6,850</b>
<b>Expenses:</b>						
Program services -						
Museum support	2,593	-	2,593	2,273	-	2,273
Education support	2,208	-	2,208	2,226	-	2,226
Total program services	4,801	-	4,801	4,499	-	4,499
Support services -						
Administration	934	-	934	949	-	949
Fundraising	893	-	893	793	-	793
Total support services	1,827	-	1,827	1,742	-	1,742
<b>Total expenses</b>	<b>6,628</b>	<b>-</b>	<b>6,628</b>	<b>6,241</b>	<b>-</b>	<b>6,241</b>
<b>Change in Net Assets</b>	<b>1,006</b>	<b>6,776</b>	<b>7,782</b>	<b>199</b>	<b>410</b>	<b>609</b>
<b>Net Assets, Beginning of Year</b>	<b>13,374</b>	<b>9,605</b>	<b>22,979</b>	<b>13,175</b>	<b>9,195</b>	<b>22,370</b>
<b>Net Assets, End of Year</b>	<b>\$ 14,380</b>	<b>\$ 16,381</b>	<b>\$ 30,761</b>	<b>\$ 13,374</b>	<b>\$ 9,605</b>	<b>\$ 22,979</b>

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

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**NAVAL AVIATION MUSEUM FOUNDATION, INC.  
AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES  
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020  
(In thousands of dollars)**

	2021				
	Program Services		Support Services		Total
	Museum Support	Education Support	Administrative	Fundraising	
Advertising and marketing	\$ 149	\$ 1	\$ -	\$ 70	\$ 220
Bank, broker, and credit card charges	65	11	-	20	96
Depreciation and amortization	25	543	281	-	849
Direct costs and costs of sales	818	553	-	-	1,371
Event expense	-	-	-	12	12
Insurance	-	109	41	-	150
Interest expense	19	-	-	-	19
MIS support	69	9	46	18	142
Office supplies	136	4	20	19	179
Other expenses	32	56	18	26	132
Professional services	10	10	28	58	106
Repairs and maintenance	102	8	-	-	110
Restoration and museum projects	383	-	-	-	383
Salaries and benefits	656	770	435	669	2,530
Travel	4	3	9	1	17
Utilities and telephone	125	131	56	-	312
	<u>\$ 2,593</u>	<u>\$ 2,208</u>	<u>\$ 934</u>	<u>\$ 893</u>	<u>\$ 6,628</u>

**NAVAL AVIATION MUSEUM FOUNDATION, INC.  
AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES  
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020  
(In thousands of dollars)  
(Continued)**

	2020				
	Program Services		Support Services		Total
	Museum Support	Education Support	Administrative	Fundraising	
Advertising and marketing	\$ 142	\$ 11	\$ -	\$ 13	\$ 166
Bank, broker, and credit card charges	25	13	-	13	51
Depreciation and amortization	147	705	185	-	1,037
Direct costs and costs of sales	281	426	-	1	708
Event expense	-	-	-	1	1
Insurance	7	125	63	-	195
Interest expense	27	1	-	-	28
MIS support	100	4	83	21	208
Office supplies	160	2	21	24	207
Other expenses	19	91	9	18	137
Professional services	9	9	72	-	90
Repairs and maintenance	81	144	11	-	236
Restoration and museum projects	467	-	-	-	467
Salaries and benefits	674	588	467	699	2,428
Travel	5	3	4	3	15
Utilities and telephone	129	104	34	-	267
	<u>\$ 2,273</u>	<u>\$ 2,226</u>	<u>\$ 949</u>	<u>\$ 793</u>	<u>\$ 6,241</u>

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

**NAVAL AVIATION MUSEUM FOUNDATION, INC.  
AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020  
(In thousands of dollars)**

	2021	2020
<b>Cash Flows From Operating Activities:</b>		
Change in net assets	\$ 7,782	\$ 609
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Net realized and unrealized gain on investments	(695)	(1,029)
Changes in beneficial interest in perpetual trust	(96)	(102)
Stock donation received	(5,553)	-
Depreciation	849	1,037
Changes in operating assets and liabilities -		
Unconditional promises to give, net	30	203
Inventory	257	(111)
Prepaid expenses	3	77
Accounts receivable	1	18
Other assets	-	48
Accounts payable	(44)	(114)
Accrued wages and compensated absences	131	(113)
Deferred revenue	74	789
Net cash provided by operating activities	2,739	1,312
<b>Cash Flows From Investing Activities:</b>		
Purchase of property and equipment	(256)	(52)
Purchase of investments	(3,127)	(5,944)
Proceeds from sale of investments	1,417	6,166
Net cash provided by (used in) investing activities	(1,966)	170
<b>Cash Flows From Financing Activities:</b>		
Principal payment on note payable	(243)	(166)
<b>Net Increase in Cash and Cash Equivalents</b>	530	1,316
<b>Cash and Cash Equivalents at Beginning of Year</b>	1,872	556
<b>Cash and Cash Equivalents at End of Year</b>	\$ 2,402	\$ 1,872
<b>Supplemental Disclosure of Cash Flow Information:</b>		
Cash paid for interest	\$ 19	\$ 28
<b>Supplemental Disclosure of Noncash Investing and Financing Activities:</b>		
Stock donation received	\$ 5,553	\$ -

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

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Business Operations:*

The Naval Aviation Museum Foundation, Inc. (“NAMF”) was incorporated in Florida in 1966 as a nonprofit corporation. NAMF was organized to foster and perpetuate the National Naval Aviation Museum (the “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 NAMF.

NAMF further supports the Museum by providing funding and services necessary for its day-to-day operations. 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”), NAMF has also provided various program services within the Museum, such as the Giant Screen Theater (the “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 NAMF and Museum. FMSC was legally dissolved in November 2020, and its operations were absorbed by NAMF.

NAMF’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, NAMF is provided, without cost, office space in the Museum, floor space for operation of its attraction programs, and use of NFA. These agreements also govern operational programs conducted at the Museum and NFA by NAMF. Additionally, NAMF must file an annual financial report with the Navy and make provision in its annual budget to provide fiscal support of Museum programs.

*Principles of Consolidation:*

The consolidated financial statements as of and for the year ended December 31, 2021 and 2020 include the accounts of NAMF and NFA. These entities are collectively referred to as “the Foundation.”

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Museum Access Restrictions:*

The Museum and the Foundation are located on Naval Air Station Pensacola (“NASP”). On December 6, 2019, a terrorist incident occurred on NASP. In response, the Navy rescinded a base public waiver, which in turn severely limited public access to the base, thereby drastically reducing the number of visitors to the Museum by 75% during 2020 and 73% during 2021, when compared to 2019.

In addition, Coronavirus Disease 2019 (“COVID-19”) became a pandemic in March 2020. The Museum was closed to all visitors from March 16 through September 15, 2020, when it reopened in a limited capacity to active-duty military and their dependents. By October 2020, Department of Defense ID holders (those allowed access to NASP) were allowed entrance to the Museum. Visitation continued to be 75% below the same periods in 2019 prior to the December 2019 terrorist event. For 2020, the pandemic was responsible for an additional 126,000 in lost visitation. Base access and the pandemic resulted in a 92% decline in visitation. The estimated financial impact to NAMF was \$3.7 million and \$4.5 million in lost operating revenues for 2021 and 2020, respectively. NFA programs scheduled after March 16 were cancelled for the safety of the participants and the staff. The Foundation later extended program cancellation through the end of 2021. The estimated financial impact to NFA was \$2.5 million and \$2.5 million of lost operating revenues for 2021 and 2020, respectively. The combined Foundation employee impact was a reduction from 160 full time equivalents (“FTE”) to 36 FTE by July 2020.

*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:

*Net assets without donor restrictions* - are not subject to donor-imposed stipulations. Board designated or appropriated amounts are legally unrestricted and are reported as part of net assets without donor restrictions.

*Net assets with donor restrictions* - are subject to donor-imposed stipulations that include time and/or purpose restrictions.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Use of Estimates:*

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

*Cash and Cash Equivalents*

For purposes of the consolidated statements of cash flows, the Foundation considers all highly liquid investments purchased within three months of maturity to be cash equivalents.

*Unconditional Promises to Give:*

Unconditional promises to give are stated in the consolidated statements 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 net realizable value.

*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.

*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 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.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Buildings and Aircraft Collections:*

The Museum is housed in buildings, which were purchased with funds raised through NAMF. 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 NAMF'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 NAMF's mission.

*Revenue Recognition:*

Sales and Tuition

The Foundation recognizes revenue for sales and tuition based on the satisfaction of performance obligations. Performance obligations are determined based on the goods or services provided by the Foundation.

Sales of merchandise, concessions, and refreshments are recognized as goods are delivered to customers.

Revenues from simulator experiences, movie tickets, and other miscellaneous services are recognized on the date the service is provided.

NFA receives tuition revenue from third parties to provide education programs. Tuition collected in advance is deferred until the services are provided. Revenue is recognized as the participants complete the program.

Contributions and Memberships

Contributions are recognized when a donor makes a *promise to give* that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions in the year in which the restrictions expire.

Membership revenues collected in advance are recognized over the life of the membership on a straight-line basis.

All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Revenue Recognition (Continued):*

Contributions and Memberships (Continued)

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.

Grants

Grants are recognized as revenue without donor restrictions when expenses have been incurred for allowable purposes consistent with the terms of the grant agreements. Funds received in advance of allowable grant expenses are reported as deferred revenue in the accompanying statements of financial position.

Special Events

Special events revenues are recognized as events occur.

*Functional Allocation of Expenses:*

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the consolidated statements of activities. Accordingly, costs have been allocated among the program and supporting services benefited. The expenses that are allocated are compensation and benefits, which are allocated on the basis of estimates of time and effort; occupancy costs and depreciation, which are allocated on a weighted average square footage basis; and supplies, which are allocated based on average employee headcount.

*Advertising Costs:*

Advertising costs are expensed as incurred and totaled approximately \$220 thousand and \$166 thousand in 2021 and 2020, respectively.

*Tax Exemption:*

The Internal Revenue Service has determined the Foundation 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**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Upcoming Accounting Pronouncement:*

In February 2016, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update No. 2016-02, *Leases (Topic 842)*. The guidance in this topic supersedes the requirements in Accounting Standards Codification (“ASC”) Topic 840, *Leases*. The update will require entities to recognize lease assets and liabilities on the statement of financial position and to disclose key information about leasing arrangements. A lessee would recognize a liability to make lease payments and a right-of-use asset representing its right to use the leased asset for the lease term. ASC 842 is effective for fiscal years beginning after December 15, 2021. Management does not expect adoption of ASC 842 to have a significant impact on the Foundation’s consolidated financial statements.

*Subsequent Events:*

Management has evaluated subsequent events through April 25, 2022, the date which the consolidated financial statements were available to be issued.

**NOTE 2 - INVESTMENTS**

Investments are summarized (in thousands of dollars) as follows:

	Cost	Fair Value	Unrealized Gain (Loss)
	<u>          </u>	<u>          </u>	<u>          </u>
Certificate of deposit	\$ 112	\$ 112	\$ -
Equities and mutual funds	12,851	21,800	8,949
Hedge funds	1,162	1,523	361
Annuity contracts	<u>1,000</u>	<u>2,020</u>	<u>1,020</u>
December 31, 2021	<u>\$ 15,125</u>	<u>\$ 25,455</u>	<u>\$ 10,330</u>
	Cost	Fair Value	Unrealized Gain (Loss)
	<u>          </u>	<u>          </u>	<u>          </u>
Certificate of deposit	\$ 117	\$ 117	\$ -
Equities and mutual funds	11,092	14,394	3,302
Hedge funds	1,117	1,220	103
Annuity contracts	<u>1,000</u>	<u>1,766</u>	<u>766</u>
December 31, 2020	<u>\$ 13,326</u>	<u>\$ 17,497</u>	<u>\$ 4,171</u>

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 2 - INVESTMENTS (Continued)**

*Fair Value Measurements:*

The Foundation has adopted ASC 820, *Fair Value Measurements*, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The guidance establishes a fair value hierarchy about the assumptions used to measure fair value and clarifies assumptions about risk and the effect of a restriction on the sale or use of an asset.

ASC 820 defines fair value 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 asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

Three levels of inputs may be used to measure fair value:

Level 1: Observable inputs such as quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect a company's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

NAMF 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. 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 contracts in order to arrive at the fair value.

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

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 2 - INVESTMENTS (Continued)**

*Fair Value Measurements (Continued):*

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although NAMF believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate for fair value at the reporting date.

The following tables present investments carried at fair value (in thousands of dollars) as of December 31, 2021 and 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Certificate of deposit	\$	\$ 112	\$	\$ 112
Equities and mutual funds	21,800			21,800
Hedge funds			1,523	1,523
Annuity contracts		2,020		2,020
December 31, 2021	<u>\$ 21,800</u>	<u>\$ 2,132</u>	<u>\$ 1,523</u>	<u>\$ 25,455</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Certificate of deposit	\$	\$ 117	\$	\$ 117
Equities and mutual funds	14,394			14,394
Hedge funds		1,220		1,220
Annuity contracts		1,766		1,766
December 31, 2020	<u>\$ 14,394</u>	<u>\$ 3,103</u>	<u>\$ -</u>	<u>\$ 17,497</u>

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 2 - INVESTMENTS (Continued)**

*Net Return on Investments:*

The net return on investments (in thousands of dollars) was as follows:

	Without Donor Restrictions	With Donor Restrictions
<b>Year Ended December 31, 2021:</b>		
Dividends and interest	\$ 1,091	\$ 702
Net realized gain on investments	64	41
Unrealized loss on investments	458	132
	<u>1,613</u>	<u>875</u>
Net return on investments	<u>\$ 1,613</u>	<u>\$ 875</u>
<b>Year Ended December 31, 2020:</b>		
Dividends and interest	\$ 417	\$ 17
Net realized gain on investments	93	85
Unrealized gain on investments	299	552
	<u>809</u>	<u>654</u>
Net return on investments	<u>\$ 809</u>	<u>\$ 654</u>

As of December 31, 2021 and 2020, investment income on the consolidated statements of activities are net of custodial and investment advisory fees of approximately \$119 thousand and \$97 thousand, respectively.

**NOTE 3 - UNCONDITIONAL PROMISES TO GIVE**

Unconditional promises to give at December 31, 2021 and 2020, consisted of the following (in thousands of dollars):

	2021	2020
Amounts due:		
Within one year	\$ 106	\$ 61
In one to five years	-	75
	<u>106</u>	<u>136</u>
Total promises to give	<u>\$ 106</u>	<u>\$ 136</u>

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 4 - BENEFICIAL INTEREST IN PERPETUAL TRUST**

NAMF is the beneficiary of a perpetual trust, which is administered by a financial institution. NAMF receives income distributions from the perpetual trust quarterly and has no access to the corpus. At December 31, 2021 and 2020, perpetual trust assets totaling approximately \$1.5 million and \$1.4 million, respectively, were recorded in the consolidated statements of financial position as net assets with donor restrictions.

The perpetual trust is valued at fair value and is comprised of equities and mutual funds (level 1). Distributions to NAMF from the perpetual trust during the years ended December 31, 2021 and 2020 totaled approximately \$49 thousand and \$42 thousand, respectively.

At December 31, 2021 and 2020, the beneficial interest in perpetual trust included the following (in thousands of dollars):

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 31	\$ 11
Equity securities	1,010	865
Fixed income securities	372	461
Real estate funds	<u>42</u>	<u>22</u>
	<u>\$ 1,455</u>	<u>\$ 1,359</u>

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 5 - PROPERTY AND EQUIPMENT**

Property and equipment at December 31, 2021 and 2020, consisted of the following (in thousands of dollars):

	<u>Useful Lives</u>	<u>2021</u>	<u>2020</u>
<u>Foundation and FMSC:</u>			
Office, simulators and theater equipment and furnishings:	3 - 15 years	\$ 3,520	\$ 3,384
Construction in progress		151	31
		<u>3,671</u>	<u>3,415</u>
Less: accumulated depreciation		<u>(2,510)</u>	<u>(2,204)</u>
		<u>1,161</u>	<u>1,211</u>
<u>NFA:</u>			
Office and program equipment and furnishings	3 - 15 years	6,082	6,082
Curriculum	7 - 15 years	1,054	1,054
Software	3 - 15 years	2,281	2,252
Website	3 years	47	47
Leasehold improvements	15 years	2,465	2,465
Construction in progress		-	29
		<u>11,929</u>	<u>11,929</u>
Less: accumulated depreciation		<u>(10,273)</u>	<u>(9,730)</u>
		<u>1,656</u>	<u>2,199</u>
		<u>\$ 2,817</u>	<u>\$ 3,410</u>

**NOTE 6 - NOTES PAYABLE**

In October 2015, NAMF entered into a promissory note with a bank in the amount of \$1.5 million with an interest rate of 3.75%. The proceeds from the note were utilized to renovate the Theater, which was operational in March 2016. The terms of the note included six consecutive interest only installments, with the last interest only installment due on April 6, 2016, at which time the note converted to a seven-year repayment term with final payment due on April 6, 2023. A three-month deferral was received in 2020, with a new maturity date on July 6, 2023. The note 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 note is secured by the Theater equipment acquired as part of the renovation. The balance outstanding at December 31, 2021 and 2020, was \$385 and \$609 thousand, respectively. As of December 31, 2021, NAMF was in compliance with its covenants.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 6 - NOTES PAYABLE (Continued)**

In May 2018, NFA entered into a promissory note with a third-party in the amount of \$148 thousand. The note is amortized over an eight-year period and matures on May 31, 2026. The note is secured by the meals contract with the third party. At December 31, 2021 and 2020, the balance outstanding was \$89 thousand and \$108 thousand, respectively.

The following is a schedule of the future maturities under the notes payable (in thousands of dollars):

2022	\$	272
2023		150
2024		19
2025		19
2026		14
		<hr/>
	\$	474
		<hr/> <hr/>

**NOTE 7 - LINE OF CREDIT**

NFA has a \$100 thousand line of credit with a bank maturing on August 31, 2022. The rate of interest is prime plus 1.50%. The line is secured by NFA's accounts and equipment. There was no outstanding balance at December 31, 2021 or 2020.

**NOTE 8 - EMPLOYEE BENEFITS**

The Foundation has a Safe Harbor 401(k) plan, which covers employees who have completed three months of service and who are at least 21 years of age. Employees may contribute up to the lesser of \$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 2021 and 2020 of approximately \$59 thousand and \$56 thousand, respectively.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 9 - NET ASSETS WITH DONOR RESTRICTIONS**

At December 31, 2021 and 2020, donor restricted net assets consisted of the following (in thousands of dollars):

	<u>2021</u>	<u>2020</u>
Subject to expenditures for specified purposes:		
Scholarships	\$ 36	\$ 28
Sponsorships	81	-
Restoration of aircraft and exhibits	563	336
Special events	-	4
Museum support	1,584	839
Membership	46	118
	<u>2,310</u>	<u>1,325</u>
Subject to time restrictions	<u>5,533</u>	<u>-</u>
Subject to the Foundation's spending policy and appropriation:		
Endowment funds restricted in perpetuity	<u>7,083</u>	<u>6,921</u>
Subject to restriction in perpetuity:		
Beneficial interest in perpetual trust	<u>1,455</u>	<u>1,359</u>
Total net assets with donor restrictions	<u>\$ 16,381</u>	<u>\$ 9,605</u>

**NOTE 10 - ENDOWMENT FUND**

The Foundation's endowment consists of individual funds established for scholarships, support of the Museum, and the Foundation's annual Symposium.

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 net assets with donor restrictions (a) the original value of the gifts donated to the restricted endowment, (b) the original value of subsequent gifts to the restricted endowment (if any) and (c) accumulation to the restricted endowment made in accordance with the direction of the applicable donor gift instrument.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 10 - ENDOWMENT FUND (Continued)**

In accordance with UPMIFA, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

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

The following depicts the endowment funds (in thousands of dollars), as well as the activity for the endowment funds, for the years ended December 31, 2021 and 2020:

	2021	2020
Endowment net assets, beginning of year	\$ 9,605	\$ 9,195
Restricted contributions	6,108	176
Dividends and interest	702	17
Realized and unrealized gain on investments	173	637
Gain on beneficial interest in perpetual trust	142	147
Amounts expended	(349)	(567)
Endowment net assets, end of year	\$ 16,381	\$ 9,605

**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.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 10 - ENDOWMENT FUND (Continued)**

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. Foundation revenue-generating functions should substantially fund Foundation operations.
3. Strict adherence to donor gift instructions is mandatory.
4. 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, in any year, will not exceed 5% of the market value of the fund averaged over the preceding three years.

**NOTE 11 - REVENUE RECOGNITION**

For the years ended December 31, 2021 and 2020, the Foundation recognized revenues of \$77 thousand and \$134 thousand, respectively, from amounts that were included in deferred revenues at the beginning of the respective years. At December 31, 2021 and 2020, deferred revenues totaled \$1,348 thousand and \$1,274 thousand, respectively. The performance obligations surrounding the majority of these liabilities at December 31, 2021 will be fully satisfied within one year from the date of the statement of financial position. Deferred revenue at December 31, 2020 that was not to be recognized during 2021 was presented within long-term liabilities.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 12 - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Foundation has a policy to manage its liquidity and reserves following three guiding principles: operating within a prudent range of financial stability, maintaining adequate liquidity to fund near-term operations, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged.

The following table reflects the Foundation's financial assets (in thousands of dollars) as of December 31, 2021, reduced by amounts not available for general expenditures within one year:

Cash and cash equivalents	\$ 2,402
Unconditional promises to give, net, collected in less than one year	106
Accounts receivable, net, collected in less than one year	5
Investments	25,455
Beneficial interest in perpetual trust	1,455
Total financial assets, excluding noncurrent receivables	<u>29,423</u>
Contractual or donor-imposed restrictions:	
Endowment fund investments	(7,083)
Beneficial interest in perpetual trust	(1,455)
Other donor restrictions	<u>(7,843)</u>
Financial assets available to meet cash needs for expenditures within one year	<u><u>\$ 13,042</u></u>

**NOTE 13 - PAYCHECK PROTECTION PROGRAM LOAN**

In April 2020, the Foundation received loan proceeds in the amount of \$1,026 thousand under the Paycheck Protection Program ("PPP"), established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"). The PPP loan's principal and accrued interest were forgivable to the extent that the proceeds are used for eligible purposes, subject to certain limitations. The loan proceeds were used for eligible purposes during the period from loan funding through December 31, 2020, and the loan was forgiven in November 2020. Accordingly, the Foundation recognized \$1,026 thousand as grant revenue during the year ended December 31, 2020.

In February 2021, the Foundation received proceeds from a second PPP loan in the amount of \$1 million. The PPP loan's principal and accrued interest were forgivable to the extent that the proceeds are used for eligible purposes, subject to certain limitations. The loan proceeds were used for eligible purposes during the period from loan funding through July 20, 2021, and the loan was forgiven in August 2021. Accordingly, the Foundation recognized \$1 million as grant revenue during the year ended December 31, 2021.

**NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 14 - CONCENTRATIONS**

*Unconditional Promises to Give:*

Concentration of credit risk with respect to donor promises to give exists as two donors comprise 38% and 39% of the outstanding balance as of December 31, 2021 and 2020, respectively.

**NOTE 15 - COMMITMENTS AND CONTINGENCIES**

*Profit-Sharing Agreements:*

NAMF operates the Motion Base Flight Simulator and the Ultimate Virtual Reality Experience under profit-sharing agreements with Flight Avionics of North America, Inc. (“FANA”). NAMF and FANA evenly split profits derived from operation of the concessions. Losses, if any, are absorbed 100% by FANA. The concessions were closed during 2020 and 2021, so no amounts were paid under the agreements during 2020 and 2021.

*Lease Agreement:*

The Foundation has a lease agreement with the Naval Facilities Engineering Command Atlantic (“NAVFAC LANT”) for the use of the NFA building. The lease is effective until December 31, 2061. Under the terms of the lease, the Foundation is responsible for the NFA building interior and exterior maintenance costs.

*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**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 15 - COMMITMENTS AND CONTINGENCIES (Continued)**

*Museum Access Restrictions:*

The full impact of the base access restrictions due to the 2019 terrorist incident and COVID-19 outbreak continues to evolve. As such, the full magnitude that the restrictions will ultimately have on the Foundation is very uncertain. Management is actively monitoring its financial condition, liquidity, operations, suppliers, industry, and workforce. Given the evolution of the restrictions, the Foundation is not able to estimate the future effects on its results of operations or financial condition.

**NOTE 16 - RELATED PARTY TRANSACTIONS**

The Foundation recorded contributions of approximately \$38 thousand and \$254 thousand from its trustees and related committees during 2021 and 2020, respectively. At December 31, 2021 and 2020, the Foundation had pledges receivable of approximately \$106 thousand and \$136 thousand, respectively, due from its trustees, related committees, and a company whose management serves as a trustee of the Foundation.

NAVAL AVIATION MUSEUM FOUNDATION, INC. AND SUBSIDIARIES  
CONSOLIDATED SCHEDULE OF DIVISIONAL INCOME & EXPENSES (UNAUDITED)  
FOR THE YEAR ENDED DECEMBER 31, 2021  
WITH COMPARATIVE TOTALS FOR THE YEAR ENDING DECEMBER 31, 2020  
(In thousands of dollars)

	Museum support		Fund	Education	Administration	Fundraising			2021 total	2020 total
	Museum	Public		Flight	Investment	Administration	Fundraising	Grants		
	Support	Awareness	Generators	Academy	Activity					
<b>Revenues and other Support</b>										
Sales, special events, and tuition			1,867	66			68		2,001	865
Contributions	260			1,372			6,738		8,370	3,010
Grants								1,415	1,415	1,342
Investment gains( losses)					2,489				2,623	1,610
Miscellaneous income						1			1	23
<b>Total Revenues and other support</b>	<b>260</b>	<b>0</b>	<b>1,867</b>	<b>1,438</b>	<b>2,489</b>	<b>1</b>	<b>6,806</b>	<b>1,415</b>	<b>14,410</b>	<b>6,850</b>
<b>Operating Expenses</b>										
Advertising and Marketing		119	30	1			70		220	166
Bad debts										
Bank, Broker, and credit card charges			65	10			21		96	51
Depreciation and amortization			25	543		281			849	1,037
Direct costs and costs of sales			896	93				383	1,372	708
Event expense							12		12	1
Insurance			(1)	109		41			150	195
Interest expense			19						19	28
MIS support	1	3	65	9		46	18		142	208
Office supplies	2	4	93	8		13	83		203	207
Other expenses		8	8	52		22	76		167	137
Professional Services			10	22		28	13		71	90
Repairs and maintenance	0		108	8					116	236
Restoration and museum projects	394								394	467
Salaries and benefits	120	37	499	770		435	656		2,517	2,428
Travel	0	0	4	3		9	1		17	15
Utilities and telephone			125	131		26			283	267
<b>Total operating expenses</b>	<b>517</b>	<b>171</b>	<b>1,946</b>	<b>1,759</b>	<b>0</b>	<b>901</b>	<b>950</b>	<b>383</b>	<b>6,628</b>	<b>6,241</b>
<b>CHANGE IN NET ASSETS</b>	<b>(257)</b>	<b>(171)</b>	<b>(79)</b>	<b>(321)</b>	<b>2,489</b>	<b>(900)</b>	<b>5,856</b>	<b>1,032</b>	<b>7,782</b>	<b>609</b>



U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR  
Jacksonville, Florida  
P. O. Box 4760  
December 19, 1966

IN REPLY REFER TO  
Form L-178  
434:MDE:md  
JAX:EO:66-48

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

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

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

*F. S. Schmidt*

F. S. Schmidt

District Director

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

August 12, 2020

Naval Aviation Museum Foundation, Inc.  
Post Office Box 33104  
Pensacola, FL 32508

Dear Naval Aviation Museum Foundation,

Enclosed is the organization's 2019 Exempt Organization return.

The instructions for filing are attached to your copy of the return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

David Lister, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2019

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**Prepared For:**

Naval Aviation Museum Foundation, Inc.  
Post Office Box 33104  
Pensacola, FL 32508

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**Prepared By:**

Saltmarsh, Cleaveland and Gund  
900 North 12th Avenue  
Pensacola, FL 32501

---

**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> NAVAL AVIATION MUSEUM FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite POST OFFICE BOX 33104 City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32508 <b>F Name and address of principal officer:</b> LTGEN DUANE THIESSEN, US 1750 RADFORD BLVD, STE B, PENSACOLA, FL 325	<b>D Employer identification number</b> 59-6178237 <b>E Telephone number</b> 850-453-2389 <b>G Gross receipts \$</b> 12,859,011. <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ WWW.NAVALAVIATIONMUSEUM.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1966 <b>M State of legal domicile:</b> FL

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGAGES AND EDUCATES THE PUBLIC BY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	113
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	150
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		2,169,216.	2,173,694.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		3,982,150.	4,221,462.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		654,041.	1,006,414.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		1,552,120.	1,631,120.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		8,357,527.	9,032,690.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	628,504.	624,229.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 663,421.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	8,575,604.	9,053,640.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	9,204,108.	9,677,869.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-846,581.	-645,179.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	22,864,398.	24,350,364.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	2,271,199.	1,980,755.
		20,593,199.	22,369,609.

**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.

<b>Sign Here</b>	Signature of officer LTGEN DUANE THIESSEN, USMC (RET), PRESIDENT/CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID LISTER, CPA	Preparer's signature DAVID LISTER, CPA
	Date 08/12/20	Check <input type="checkbox"/> if self-employed PTIN P00627283
	Firm's name ▶ SALT MARSH, CLEVELAND AND GUND Firm's address ▶ 900 NORTH 12TH AVENUE PENSACOLA, FL 32501	Firm's EIN ▶ 59-2922169 Phone no. 850-435-8300

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

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

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 \$ 1,769,737. including grants of \$ ) (Revenue \$ ) MUSEUM SUPPORT-CONTRIBUTES TO THE DEVELOPMENT OF EXHIBITS, INCLUDING ARTIFACT REWORK AND MAINTENANCE, AND TO MUSEUM OPERATIONAL REQUIREMENTS.

4b (Code: ) (Expenses \$ 4,271,122. including grants of \$ ) (Revenue \$ 2,789,196. ) 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 \$ 1,223,299. including grants of \$ ) (Revenue \$ 552,080. ) THE FILM PROJECT AND THEATERS SERVE THOUSANDS OF VISITOS 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 on Schedule O.) (Expenses \$ 1,062,156. including grants of \$ ) (Revenue \$ 880,186.)

4e Total program service expenses 8,326,314.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>	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>		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>		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>		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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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>		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>		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>		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>	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>		X
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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		113
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</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
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**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 on 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
<b>1a</b>	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 on Schedule O.		
	10		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	9		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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, AZ, AR, CT, FL, GA, KS, KY, ID, IL, MS, OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **HEATHER EMRICK - 850-453-2389**  
**1750 RADFORD BLVD, STE B, PENSACOLA, FL 32508**

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

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

**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. See instructions for the order in which to list the persons above.

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) VADM JAMES ZORTMAN, USN(RET) CHAIRMAN	1.00	X		X				0.	0.	0.
(2) VADM DAVID BUSS, USN (RET) VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) LTGEN DUANE THIESSEN, USMC (RET) PRESIDENT/CEO	40.00	X		X			210,000.	0.	8,400.	
(4) VADM ROBIN BRAUN, USN (RET) DIRECTOR	1.00	X					0.	0.	0.	
(5) CAPT STERLING GILLIAM USN(RET) EX OFFICIO ADVISOR/NON-VOTING	1.00	X					0.	0.	0.	
(6) DANIEL GILLIAN DIRECTOR	1.00	X					0.	0.	0.	
(7) ADM ROBERT KELLY USN(RET) DIRECTOR	1.00	X					0.	0.	0.	
(8) RADM JOHN KORN USCG(RET) DIRECTOR	1.00	X					0.	0.	0.	
(9) STEVE O'BRYAN DIRECTOR	1.00	X					0.	0.	0.	
(10) JAY RYAN DIRECTOR	1.00	X					0.	0.	0.	
(11) MITCHELL WALDMAN DIRECTOR	1.00	X					0.	0.	0.	
(12) WILLIAM BOWERS EXECUTIVE VICE PRESIDENT/CFO NON-VOT	40.00			X			179,039.	0.	7,161.	
(13) CAPT CHARLES ELLIS, JAGC, USN(R) SECRETARY NON-VOTING	40.00			X			66,396.	0.	2,656.	
(14) CINDY MCCALIP VICE PRESIDENT NON-VOTING	40.00			X			150,577.	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			
<b>1b Subtotal</b>							606,012.	0.	18,217.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							606,012.	0.	18,217.	

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**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		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
MAYDAY FOOD SERVICE, LLC, 40 W. NINE MILE RD, STE 2, PENSACOLA, FL 32534	FOOD SERVCIES	276,121.

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 **1**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>					
	<b>b</b>	Membership dues	<b>1b</b>	230,482.				
	<b>c</b>	Fundraising events	<b>1c</b>					
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	423,491.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,519,721.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		2,173,694.				
Program Service Revenue	<b>2 a</b>	FLIGHT ACADEMY	<b>Business Code</b>					
			900099	2,789,196.	2,789,196.			
	<b>b</b>	SIMULATOR	900099	880,186.	880,186.			
	<b>c</b>	THEATERS	512000	552,080.	552,080.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
<b>g</b>	<b>Total.</b> Add lines 2a-2f		4,221,462.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		947,876.		947,876.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					1,826,912.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	1,768,374.				
<b>c</b>	Gain or (loss)	<b>7c</b>	58,538.					
<b>d</b>	Net gain or (loss)		58,538.		58,538.			
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		92,243.				
			<b>b</b>	Less: direct expenses	<b>8b</b>	59,072.		
			<b>c</b>	Net income or (loss) from fundraising events		33,171.		33,171.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
			<b>b</b>	Less: direct expenses	<b>9b</b>			
			<b>c</b>	Net income or (loss) from gaming activities				
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		3,585,795.				
			<b>b</b>	Less: cost of goods sold	<b>10b</b>	1,998,875.		
			<b>c</b>	Net income or (loss) from sales of inventory		1,586,920.		1,586,920.
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS INCOME	<b>Business Code</b>	900099	11,029.	11,029.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		11,029.				
<b>12</b>	<b>Total revenue.</b> See instructions		9,032,690.	4,221,462.	0.	2,637,534.		

**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 .....	624,229.	310,149.	102,088.	211,992.
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 (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	113,497.	23,147.	90,350.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	193,637.	177,495.		16,142.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....	494,446.	407,908.	3,188.	83,350.
13 Office expenses .....	230,561.	167,506.	38,700.	24,355.
14 Information technology .....	278,772.	201,381.	58,471.	18,920.
15 Royalties .....				
16 Occupancy .....	279,890.	243,315.	36,575.	
17 Travel .....	53,481.	34,170.	5,780.	13,531.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	35,179.	35,179.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,236,657.	1,190,839.	45,818.	
23 Insurance .....	273,679.	212,457.	61,222.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>LEASED EMPLOYEES</b>	3,176,492.	2,715,016.	209,202.	252,274.
b <b>FLIGHT ACADEMY EXPENSES</b>	1,576,126.	1,576,126.		
c <b>REPAIRS AND MAINTENANCE</b>	402,745.	402,745.		
d <b>ADMINISTRATIVE</b>	368,074.	288,477.	36,740.	42,857.
e All other expenses _____	340,404.	340,404.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,677,869.	8,326,314.	688,134.	663,421.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	494,625.	<b>1</b>	545,425.
	<b>2</b> Savings and temporary cash investments .....	148,033.	<b>2</b>	10,091.
	<b>3</b> Pledges and grants receivable, net .....	546,165.	<b>3</b>	339,480.
	<b>4</b> Accounts receivable, net .....	37,384.	<b>4</b>	23,871.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	677,930.	<b>8</b>	901,966.
	<b>9</b> Prepaid expenses and deferred charges .....	178,462.	<b>9</b>	139,307.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,291,888.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,896,655.	5,523,904.	<b>10c</b> 4,395,233.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,209,795.	<b>12</b>	17,946,891.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	48,100.	<b>15</b>	48,100.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,864,398.	<b>16</b>	24,350,364.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	492,624.	<b>17</b>	612,282.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	304,961.	<b>19</b>	485,326.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,473,614.	<b>23</b>	883,147.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,271,199.	<b>26</b>	1,980,755.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,989,353.	<b>27</b>	13,174,638.
	<b>28</b> Net assets with donor restrictions .....	8,603,846.	<b>28</b>	9,194,971.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	20,593,199.	<b>32</b>	22,369,609.
	<b>33</b> Total liabilities and net assets/fund balances .....	22,864,398.	<b>33</b>	24,350,364.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,032,690.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,677,869.
3	Revenue less expenses. Subtract line 2 from line 1	3	-645,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,593,199.
5	Net unrealized gains (losses) on investments	5	2,235,261.
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 on Schedule O)	9	186,328.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,369,609.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 on 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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 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 ..... 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 1-10 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		
U.S. NAVY	31-1575142	6	X		0.	
<b>Total</b>					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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 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
<b>1</b> 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	
<b>2</b> 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
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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
<b>8</b> 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
<b>9a</b> 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>b</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
<b>c</b> 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
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		X
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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
<b>2</b> 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
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input checked="" type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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 IV, 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, WHICH INCLUDES YOUTH AND ADULT EDUCATION PROGRAMS.

**PART IV, 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, WHICH INCLUDES YOUTH AND ADULT EDUCATION PROGRAMS.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number

59-6178237

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>59-6178237</b>
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**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	LT GEN & MRS. FREDERICK MCCORKLE PO BOX 8097 JOHNSON CITY, TN 37615	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US NAVAL SEA CADET CORPS 2300 WILSON RD ARLINGTON, VA 22201	\$ 63,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MS. HARRIETT L. ROSASCO 100 WESTMINSTER ST PROVIDENCE, RI 02903	\$ 54,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MR. PAUL M. GUSE 1481 CYPRESS RD SAINT JACOB, IL 62281	\$ 52,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LCDR ERWIN J. SPENCER, USN (RET) 15181 FORD ROAD APT. CC211 DEARBORN, MI 48126	\$ 48,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MS. CARROLL LASTINGER 103 EAST SUMTER ST EATONTON, GA 31024	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>59-6178237</b>
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**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	CDR CHARLES W. DEMOSS, USN (RET) 17050 ARNOLD DR APT G210 RIVERSIDE, CA 92518	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MR. AND MRS. PAUL WOOD 1155 LAKE HOUSE DR NORTH PALM BEACH, FL 33408	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MR. HARRY HARRIS UNIT 9600 BOX 1 DPO, AP 96209	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CDR EDWIN MALLOY JR., USN PO BOX 605 CHERAW, SC 29520	\$ 79,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MRS. BLAINE P. PATINO 68 WAGON TRL BLACK MOUNTAIN, NC 28711	\$ 17,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	EPISCOPAL DAY SCHOOL OF CHRIST CHURCH PARISH 223 N PALAFOX ST PENSACOLA, FL 32502	\$ 15,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>59-6178237</b>
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**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	MRS. PAT JUNG 1750 RADFORD BLVD, STE B PENSACOLA, FL 32508	\$ 15,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MR. GRANGER HAUGH 10115 E BELL RD STE 107 SCOTTSDALE, AZ 85260	\$ 29,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	WILFRED AND ELISE E. MCCARTHY-ENDOWMENT 21 EAST GARDEN ST PENSACOLA, FL 32502	\$ 12,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	LCDR ROGER J. BURNELL, USNR (RET) 14855 W 58TH PL GOLDEN, CO 80403	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	RADM EDWARD J. FAHY JR., USN 118 MOORES FARM RD HAVELOCK, NC 28532	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	MR. THOMAS N. WARNER 4455 W LINDBERGH WAY CHANDLER, AZ 85226	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>59-6178237</b>
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**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
19	MR. AND MRS. ANDREW C. TAYLOR 1147 LOG CABIN LN SAINT LOUIS, MO 63124	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	MR. AND MRS. RANDALL SCHNEEWIND 4750 BAYCLIFF ROAD EXCELSIOR, MN 55331	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	THE BOEING COMPANY 1861 KEHRSWOOD DR CHESTERFIELD, MO 63005	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MR. MICHAEL EARLEY 99 SE MIZNER BLVD APT 429 BOCA RATON, FL 33432	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	MR. AND MRS. BILL AND JO JONES 40 PORT ROYAL WAY PENSACOLA, FL 32502	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MR. AND MRS. ARTHUR D. MILTENBERGER 503 DARLINGTON RD LIGONIER, PA 15658	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>59-6178237</b>
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**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
25	CDR STEVE O'BRYAN, USN (RET) 405 NIBLICK DRIVE SE VIENNA, VA 22180	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	LTJG RAYMOND W. HEEMSTRA, USNR (RET) 3011 COVENTRY DRIVE BAY CITY, MI 48706	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MR. AND MRS. JAY RYAN 36 COUNTRYSIDE LANE SAINT LOUIS, MO 63131	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	VADM AND MRS. JAMES ZORTMAN 1010 E AVE CORONADO, CA 92118	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MRS. CINDI F. BEAR 885 TANGLEWOOD DRIVE PENSACOLA, FL 32503	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	CAPT AND MRS. ROBERT H. THOMAS, AAL (RET) 5830 DAHOON DR PENSACOLA, FL 32526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number  <b>59-6178237</b>
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**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
31	DR. AND MRS. RICHARD SUGDEN  PO BOX 2468  JACKSON, WY 83001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MR. AND MRS. LARRY M. POST  142 MARLBOROUGH ST  BOSTON, MA 02116	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	FLORIDA DEPARTMENT OF EDUCATION  325 W GAINES ST  TALLAHASSEE, FL 32399	\$ 423,491.	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.)

Name of organization  <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number  <b>59-6178237</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Employer identification number  <b>59-6178237</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**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 (for example, 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 7/25/06, 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 FASB 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 FASB 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 FASB 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 make 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 program
  - 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	8,050,184.	9,070,210.	8,379,637.	8,542,480.	10,464,434.
b Contributions	141,850.	102,242.	86,112.	210,809.	127,014.
c Net investment earnings, gains, and losses	2,130,099.	-786,538.	1,154,309.	-183,522.	-172,588.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,127,162.	296,408.	454,383.	101,295.	1,798,567.
f Administrative expenses		39,322.	95,465.	88,835.	77,813.
g End of year balance	9,194,971.	8,050,184.	9,070,210.	8,379,637.	8,542,480.

- 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  97.94 %
  - c Term endowment  2.06 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations                                                                                         |     | X  |
| (ii) Related organizations                                                                                          |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,225,205.	2,298,208.	926,997.
d Equipment		7,820,256.	5,572,538.	2,247,718.
e Other		4,246,427.	3,025,909.	1,220,518.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,395,233.

**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 MUTAL FUNDS	15,005,328.	END-OF-YEAR MARKET VALUE
(B) MCCARTHY TRUST	1,256,846.	END-OF-YEAR MARKET VALUE
(C) CERTIFICATES OF DEPOSITS	120,200.	END-OF-YEAR MARKET VALUE
(D) ANNUITIES	1,564,517.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>17,946,891.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	13,340,389.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,235,261.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	148,333.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	186,328.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,569,922.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,770,467.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-1,737,777.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,737,777.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,032,690.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,563,979.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	148,333.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	148,333.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,415,646.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-1,737,777.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,737,777.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,677,869.

**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:**

INCREASE IN INTEREST IN PERPETUAL TRUST 186,328.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

COGS -1,872,342.

SPECIAL EVENT EXPENSES -59,072.

INVESTMENT EXPENSESES 193,637.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,737,777.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

COGS -1,872,342.

**Part XIII** Supplemental Information (continued)

SPECIAL EVENTS EXPENSES	-59,072.
INVESTMENT EXPENSES	193,637.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,737,777.

PART X, LINE 2:

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.



**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)	CONCERTS (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	66,203.	26,040.		92,243.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	66,203.	26,040.		92,243.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	48,593.	10,479.		59,072.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				59,072.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				33,171.	

**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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
Direct Expenses	<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**NAVAL AVIATION MUSEUM FOUNDATION, INC.**

Employer identification number

**59-6178237**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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 on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2019

**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 aren't 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) LTGEN DUANE THIESSEN, USMC (RET) PRESIDENT/CEO	(i)	210,000.	0.	0.	8,400.	0.	218,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM BOWERS EXECUTIVE VICE PRESIDENT/CFO NON-VOT	(i)	179,039.	0.	0.	7,161.	0.	186,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CINDY MCCALIP VICE PRESIDENT NON-VOTING	(i)	150,577.	0.	0.	0.	0.	150,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 \$ 489,120. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBERSHIP

EXPENSES \$ 61,358. 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 \$ 511,678. INCLUDING GRANTS OF \$ 0. REVENUE \$ 880,186.

FORM 990, PART V, LINE 2A

THE ORGANIZATION USES A PEO FOR PAYROLL SERVICES. LANDRUM PROFESSIONAL  
EMPLOYER SERVICES INC. EIN #59-2345956

FORM 990, PART VI, SECTION B, LINE 11B:

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:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NAVAL AVIATION MUSEUM FOUNDATION, INC.	Employer identification number 59-6178237
--------------------------------------------------------------------	----------------------------------------------

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:  
CFO AND BOARD VICE CHAIRMAN SET CEO COMPENSATION USING COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION.

FORM 990, PART VI, SECTION C, LINE 19:  
ON FILE WITH THE STATE AND AVAILABLE UPON REQUEST FROM THE FOUNDATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
DECREASE IN INTEREST IN PERPETUAL TRUST AND POOLED INCOME  
FUND 186,328.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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, LLC - 59-6178237 1750 RADFORD BOULEVARD, STE B PENSACOLA, FL 32508	TO TEACH STEM CONCEPTS TO STUDENTS USING BOTH REAL AND VIRTUAL SETTINGS	FLORIDA	2,689,979.	11,929,039.	NAVAL AVIATION MUSEUM FOUNDATION, INC,
FOUNDATION MUSEUM SUPPORT, LLC - 59-6178237 1750 RADFORD BOULEVARD, STE B PENSACOLA, FL 32508	TO PROVIDE PROGRAM SERVCIES TO SUPPORT THE FOUNDATION AND MUSEUM	FLORIDA	6,867,481.	2,983,933.	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
US NAVY 190 RADFORD BLVD PENSACOLA, FL 32508	FEDERAL GOVERNMENT UNIT	FLORIDA	GOVERNMENT	US GOVERNMENT	US NAVY		X

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

Schedule R (Form 990) 2019



**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.

**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?

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





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NAVAL AVIATION MUSEUM FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>59-6178237</b>
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. <b>POST OFFICE BOX 33104</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32508</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**HEATHER EMRICK**

- The books are in the care of ▶ **1750 RADFORD BLVD, STE 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

**11**

**Pensacola Area Chamber of Commerce**

March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY**

## AGENCY FUNDING REQUEST APPLICATION

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

### **ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

### **APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2020 or 2021 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2019 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Pensacola Area Chamber Foundation, Inc.

Agency Address: 418 West Garden St., 4<sup>th</sup> floor Pensacola, FL 32502

Program Name for which funding is being requested: 4<sup>th</sup> of July Celebration

Amount Requested: \$ 96,000

Program Contact: Todd Thomson

Contact Email: tthomson@pensacolachamber.com Contact Phone: (850) 475-4999

25-Word Description of Program: 4<sup>th</sup> of July Celebration on Pensacola Bayfront. A free family event that cumulates with an impressive fireworks show

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years has your organization been providing services in the County? 134

How many years has your organization received funding from the County? One

Explain how receiving funds from the County would have a significant impact on your organization: This would allow the Greater Pensacola Chamber of Commerce, in

collaboration with Pensacola Young Professionals, continue the tradition of 4<sup>th</sup> of July celebration in our community for the 40<sup>th</sup> year.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable:                   \$96,000                  

Briefly discuss how last year's funds were used?                   Paid for 2023 Pensacola's Fourth of July fireworks, insurance for the event, police, fire/EMTs, port-a-potties, road barricades and marketing for the event                  

This event was previously produced by Sertoma Clubs of Pensacola.

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Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?                   

In addition to providing patriotic celebration to everyone, this event brings tourists and puts heads-in-beds. In the last study done by Majority Opinion Research, "Factoring in that 21% of destination visitors came to Pensacola mainly for this event, it is estimated that the 2019 Sertoma 4th of July in downtown Pensacola generated 1,016 room nights in Escambia County, which is more than any previous year, with the exception of 2016." And, "All together it is estimated that 2019 Sertoma 4th of July in downtown Pensacola **attendees spent \$3,817,213 in Escambia County**, which is more than any previous year other than 2017."

**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?                   The 4<sup>th</sup> of July event is used to provide a high-quality event that appeals to visitors and residents of Escambia County. This event attracts tourist and visitors, which boosts our economy and supports local jobs. And gives kids a SAFE way to experience fireworks, hopefully cutting down on injuries.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain:

No

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**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: Chamber will be partnering with the Pensacola Young Professionals on this event

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Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. The Greater Pensacola Chamber of Commerce is the largest membership agency in Northwest Florida and has member businesses from across our community. We provide community events throughout the year and have great reach into our community

**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 0 %
- Percentage for direct programming costs: 100 %

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

difference?

No

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

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Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.

No

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### **GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1.Number of destination visitors that come to Pensacola for this event	NA	NA	12,000	%
2.Number of room nights generated for this event	NA	NA	1,100	%

3. Total economic impact generated by this event	NA	NA%	\$4,000,000	%
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2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1.Attendance last 3 years- 39,700, 53,400, 55,000	55,000
2.	
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY22
1. Attendance in 2023	55,000

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources		35,000	35,000
Programmatic Income			
County Funding/Direct Contribution		96,000	96000
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)-Vendors		3,000	<b>4,000</b>
<b>Total Income</b>		<b>135,000</b>	<b>135,000</b>

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources		35,000	35,000
Programmatic Income			
County Funding/Direct Contribution		96,000	96,000
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)-Vendors		3,000	4,000
<b>Total Income</b>		<b>135,000</b>	<b>135,000</b>

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

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(b) Please explain any request listed in the "Other Expenses" line item.  N/A

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**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year?  Oct 1 FY

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements.  Financial reports submitted are for our parent organization

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3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?  Carried over to next year

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4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
N/A		

5. Please provide the total amount of cash and investments on hand. \_\_\_\_Varies

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6. Does your organization charge fees for services? If so, provide a list of fees charged.

No

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7. Does your organization require background checks from volunteers and staff? \_\_\_\_No

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan? \_\_\_\_N/A

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2. How many jobs were created this year over last year by zip code? \_\_\_\_N/A

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3. What is the net cost per job created? \_\_\_\_N/A

**ADDITIONAL QUESTIONS**

1. What was done by your agency to address the "Pockets of Poverty"?     N/A    

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

    N/A    

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3. Was there any increase in membership for the local chambers?     N/A    

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4. What are your agency's statistics on business creation and minority businesses by zip code?     N/A    

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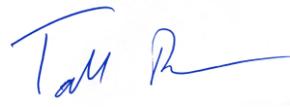
5. Can we reduce the taxpayer subsidy?     N/A    

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.



\_\_\_\_\_  
Todd Thomson

\_\_\_\_\_  
President

\_\_\_\_\_  
3/31/23

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Pensacola Area Chamber Foundation, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions. <b>418 West Garden St</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Pensacola, FL 32502</b>	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
5	9	-	2	2	9	7	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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ► <u>1/26/23</u>
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.*

Internal Revenue Service  
Room 310, Screening Unit  
P. O. Box 941  
Atlanta, Georgia 30370

Department of the Treasury

LETTER 1046

JUN 13 1984

RECEIVED JUN 25 1984

Our Letter Dated:  
November 30, 1983  
Advance Ruling Period:  
March, 1982  
through June 30, 1984  
Person to Contact:  
R. Mitchell/tlb  
Contact Telephone Number:  
(404) 221-4627  
Employer Identification  
Number:  
59-2297826.  
File Folder Number:  
580044577

Pensacola Area Chamber  
Foundation, Inc.  
P. O. Box 550  
Pensacola, FL 32593

Dear Sir or Madam:

Our letter of the above date stated that you would be treated as a publicly supported organization and not as a private foundation during your advance ruling period. This was based on our determination that you could reasonably be expected to be an organization described in sections 170(b)(1)(A)(vi) and 509(a)(1) or in section 509(a)(2) of the Internal Revenue Code.

We also stated that at the end of your advance ruling period you would have to establish that you were in fact an organization described in one of the above sections.

Our records indicate your advance ruling period ends on the date shown above. Therefore, to establish that you are an organization described in sections 170(b)(1)(A)(vi) and 509(a)(1) or in section 509(a)(2), please send us the following information for each of the tax years in your advance ruling period:

1. Amount of gifts, grants, and contributions received.
2. Amount of membership fees received.
3. Amount of gross income from interest, dividends, rents, and royalties.
4. Amount of net income from unrelated business activities.
5. Amount of tax revenue levied for your benefit and either paid to you or spent on your behalf.
6. The value of services or facilities furnished to you by a governmental unit without charge. (Do not include the value of services or facilities generally furnished to the public without charge.)
7. Amount of other receipts. Please specify their nature. (Do not include gain (or loss) from the sale or exchange of capital assets or gross receipts from the sources described in item 10, below.)
8. The total amount of the above items for each year and the total for the advance ruling period.

9. A statement showing the name of and amount received from each person (individual, estate, trust, organization, or foundation) who contributed more than 2 percent of the aggregate total in item 8 for the advance ruling period. If such amounts were other than cash, please indicate the nature or type of receipt and the method of valuation.
10. Amount of gross receipts from admissions, sale of merchandise, performance of services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Furnish the following information unless you do not wish consideration of your status under section 509(a)(2):
11. The total amount of items 8 and 10 for each tax year.
12. A statement showing the name of, and amount received in each year from, each disqualified person (as defined in section 4946 of the Code) and each organization described in section 170(b)(1)(A)(vii) or (viii) of the Code from whom you received amounts included in items 1, 2, or 10, above.
13. With respect to the amounts included in item 10, above: the name of each bureau or agency of a governmental unit and each person from whom you received an amount in excess of the greater of \$5,000 or 1 percent of the total amount shown for each year in item 11, above, and the amount received from each. There is no need to repeat information shown for item 12, above.

The information requested in this letter is required to support your claim to be other than a private foundation. It is needed in addition to any required Form 990 or other annual return or report. Please send it to us within 90 days from the end of your advance ruling period. An addressed envelope is enclosed for your convenience.

If we do not receive this information, we will presume you are a private foundation and you will be treated as a private foundation as of the first day of your first tax year for purposes of sections 507(d) and 4940 of the Code. In addition, if you do not provide the information by the time requested, it will be considered by the Internal Revenue Service that you have not taken all reasonable steps to secure the determination you requested. Under section 7428 (b)(2) of the Code, not taking all reasonable steps, in a timely manner, to secure the determination may be considered as a failure to exhaust administrative remedies available to you within the Service, and may preclude the issuance of a declaratory judgment in the matter under judicial proceedings.

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

Thank you for your cooperation.

Sincerely yours,

*Antonia Jewell*

Exempt Organization Specialist

Enclosure:  
Envelope

Letter 1046 - Attachment

Your response to letter 1046 must be furnished under signature of a principal officer. (If submitted under a signature other than a principal officer please submit proper authorization)

Please furnish the name and telephone number of a principal officer who may be contacted during business hours.

Reference Item 2 of Letter 1046

Membership Fees:

Membership fees may be classified as donations and reported in item 2, or gross receipts and reported in item 10, depending on their nature as described below:

**Gross Receipts:** Membership fees include the sales of admissions merchandise, services, of the use of facilities to the public.

**Donations:** Membership fee is to provide support to the organization without receipt of any benefits as referred to above.

Reference Item 12 of Letter 1046

A disqualified person is generally;

a) a substantial contributor. (a substantial contributor includes any person whether or not exempt from tax, who contributed or bequeathed a total amount of more than \$5,000 if the amount is more than 2% of the total contributions received. For a trust, a substantial contributor includes the creator of the trust. However, in no case does the term include a governmental unit.)

b) An officer, director, trustee or an individual having powers of responsibilities similar to those of officers, director, or trustee of the organization.

c) An owner of more than 20% of:

1. The total combined voting power of a corporation,
2. The profits interest of a partnership, or
3. The beneficial interest of a trust or unincorporated enterprise,

which is (during the ownership) a substantial contributor to the foundation.

d) A member of the family (spouse, ancestors, descendants, and spouses of lineal descendants) of any of the individuals described in a,b, or c above;

e) A corporation of which more than 35% of the total combined voting power is owned by persons described in a,b,c, or d above;

f) A partnership of which more than 35% of the profits interest is owned by persons described in a,b,c, or d;

g) A trust, estate, or unincorporated enterprise of which more than 35% of the beneficial interest is owned by person described in a,b,c, or d.

An organization described in IRC 170(b)(1)(A)(vii) is a private foundation.

An organization described in IRC 170(b)(1)(A)(viii) is an organization described in section 509(a)(2) or 509(a)(3). An organization is described in 509(a)(2) if it normally receives more than one-third of its support from any combination of gifts of membership fees receipts from related activities and less than one-third from investment income. An organization is described in 509(a)(3) if it is operated, supervised or controlled by or in connection with one or more organizations described in IRC 509(a)(1) or 509(a)(2) and is rated for the benefit of, or to carry out the purposes of one or more of these organizations.

**CONSOLIDATED FINANCIAL STATEMENTS**

**PENSACOLA BAY AREA CHAMBER OF  
COMMERCE, INC.  
(DBA GREATER PENSACOLA CHAMBER)  
AND AFFILIATE**

**SEPTEMBER 30, 2021 AND 2020**

# C O N T E N T S

	<u>Page</u>
INDEPENDENT ACCOUNTANT'S REVIEW REPORT	2 - 3
REVIEWED CONSOLIDATED FINANCIAL STATEMENTS:	
Consolidated Statements of Financial Position	4
Consolidated Statements of Activities	5 - 6
Consolidated Statements of Functional Expenses	7 - 8
Consolidated Statements of Cash Flows	9
Notes to Consolidated Financial Statements	10 - 21

**BROWN  
THORNTON ♦ PACENTA  
& Company, P.A.**

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*Certified Public Accountants  
Business & Financial Consultants*

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Michael D. Thornton, Shareholder  
Jan M. Pacenta, Shareholder  
Catherine T. Bond, Officer  
John R. Dunaway, Of Counsel  
Russell F. Lentz, Officer  
Sean K. Quigley, Officer

**INDEPENDENT ACCOUNTANT'S REVIEW REPORT**

To the Board of Directors  
Pensacola Bay Area Chamber of Commerce, Inc.  
(d/b/a Greater Pensacola Chamber) and Affiliate  
Pensacola, Florida

We have reviewed the accompanying consolidated financial statements of Pensacola Bay Area Chamber of Commerce, Inc. (d/b/a Greater Pensacola Chamber) and Affiliate (the Organization, a nonprofit organization), which comprise the statements of financial position as of September 30, 2021 and 2020, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the consolidated financial statements as a whole. Accordingly, we do not express such an opinion.

**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 financial statements that are free from material misstatement, whether due to fraud or error.

**Accountant's Responsibility**

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the consolidated financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

**Accountant's Conclusion**

Based on our review, we are not aware of any material modifications that should be made to the accompanying consolidated financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

*Brown Sherten Pence & Company, P.A.*

Pensacola, Florida  
October 6, 2022

**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**  
**PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE**  
**September 30, 2021 and 2020**

<u>ASSETS</u>		
	2021	2020
<b>ASSETS</b>		
Cash and cash equivalents	\$ 875,727	\$ 983,909
Certificates of deposit	8,856	8,835
Accounts receivable, net	126,445	156,722
Employee retention credit receivable	116,792	-
Grants receivable	-	74,500
Prepaid expenses and other assets	5,000	27,628
Deferred compensation investments	194,861	204,353
Property and equipment, net	21,389	27,223
Total assets	\$ 1,349,070	\$ 1,483,170
 <u>LIABILITIES AND NET ASSETS</u>		
<b>LIABILITIES</b>		
Accounts payable	\$ 28,156	\$ 7,383
Membership dues paid in advance	-	4,040
Deferred revenue	75,885	63,095
Accrued payroll	39,523	35,377
Deferred compensation payable	194,861	204,353
Other liabilities	14,697	10,825
Total liabilities	353,122	325,073
<b>NET ASSETS</b>		
Without donor restrictions		
Designated for recruitment	170,113	170,113
Designated for Leadership Pensacola	1,400	1,400
Undesignated	773,135	935,284
	944,648	1,106,797
With donor restrictions	51,300	51,300
Total net assets	995,948	1,158,097
Total liabilities and net assets	\$ 1,349,070	\$ 1,483,170

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

**CONSOLIDATED STATEMENT OF ACTIVITIES**  
**PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE**  
**Year Ended September 30, 2021**

	Without Donor Restrictions				Total
	Undesignated	Board Designated	Without Donor Restrictions	With Donor Restrictions	
Change in Net Assets					
Support, Revenue, and Reclassifications					
Membership dues, net of amounts written off	\$ 392,405	\$ -	\$ 392,405	\$ -	\$ 392,405
Programs:					
Military Development	161,587	-	161,587	-	161,587
Foundation/Leadership Pensacola	4,522	-	4,522	-	4,522
Partnership Services	160,249	-	160,249	-	160,249
PPP loan forgiveness	116,600	-	116,600	-	116,600
Other revenues	15,366	-	15,366	-	15,366
Total support and revenue	850,729	-	850,729	-	850,729
Net assets released from restriction - Satisfaction of usage requirements	-	-	-	-	-
Total support, revenue, and reclassifications	850,729	-	850,729	-	850,729
Expenses					
Program services:					
Military Development	115,728	-	115,728	-	115,728
Foundation/Leadership Pensacola	1,464	-	1,464	-	1,464
Ship Commissioning	1,061	-	1,061	-	1,061
Partnership Services	110,632	-	110,632	-	110,632
Total program services	228,885	-	228,885	-	228,885
Supporting services:					
Management and general	783,993	-	783,993	-	783,993
Total expenses	1,012,878	-	1,012,878	-	1,012,878
Change in net assets	(162,149)	-	(162,149)	-	(162,149)
Net assets, beginning of year	935,284	171,513	1,106,797	51,300	1,158,097
Net assets, end of year	\$ 773,135	\$ 171,513	\$ 944,648	\$ 51,300	\$ 995,948

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

**CONSOLIDATED STATEMENT OF ACTIVITIES**  
**PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE**  
**Year Ended September 30, 2020**

	Without Donor Restrictions				
	Total				
	Undesignated	Board Designated	Without Donor Restrictions	With Donor Restrictions	
Change in Net Assets					
Support, Revenue, and Reclassifications					
Membership dues, net of amounts written off	\$ 481,499	\$ -	\$ 481,499	\$ -	\$ 481,499
Programs:					
Military Development	104,874	-	104,874	-	104,874
Foundation/Leadership Pensacola	117,007	-	117,007	-	117,007
Partnership Services	271,431	-	271,431	-	271,431
Loss on sale of assets	(519,371)	-	(519,371)	-	(519,371)
Other revenues	31,150	-	31,150	-	31,150
Total support and revenue	486,590	-	486,590	-	486,590
Net assets released from restriction - Satisfaction of usage requirements	-	-	-	-	-
Total support, revenue, and reclassifications	486,590	-	486,590	-	486,590
Expenses					
Program services:					
Military Development	109,210	-	109,210	-	109,210
Foundation/Leadership Pensacola	51,233	-	51,233	-	51,233
Ship Commissioning	109,157	-	109,157	-	109,157
Partnership Services	84,129	-	84,129	-	84,129
Total program services	353,729	-	353,729	-	353,729
Supporting services:					
Management and general	1,045,997	-	1,045,997	-	1,045,997
Total expenses	1,399,726	-	1,399,726	-	1,399,726
Change in net assets	(913,136)	-	(913,136)	-	(913,136)
Net assets, beginning of year	1,848,420	171,513	2,019,933	51,300	2,071,233
Net assets, end of year	\$ 935,284	\$ 171,513	\$ 1,106,797	\$ 51,300	\$ 1,158,097

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

**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
**PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE**

Year Ended September 30, 2021

	Military Development	Foundation/ Leadership Pensacola	Ship Commissioning	Partnership Services	Total Program Services	General & Administrative	Fund Raising	Total Supporting Services	Total Expenses
Military Development	\$ 115,728	\$ -	\$ -	\$ -	\$ 115,728	\$ -	\$ -	\$ -	\$ 115,728
Foundation/Leadership Pensacola	-	1,464	-	-	1,464	-	-	-	1,464
Ship Commissioning	-	-	1,061	-	1,061	-	-	-	1,061
Partnership Services	-	-	-	110,632	110,632	-	-	-	\$ 110,632
Salaries, taxes, and benefits	-	-	-	-	-	500,755	-	500,755	500,755
Depreciation	-	-	-	-	-	19,582	-	19,582	19,582
Bad debts	-	-	-	-	-	6,575	-	6,575	6,575
Cell phones	-	-	-	-	-	267	-	267	267
Dues and subscriptions	-	-	-	-	-	6,635	-	6,635	6,635
Insurance	-	-	-	-	-	26,367	-	26,367	26,367
Marketing	-	-	-	-	-	7,013	-	7,013	7,013
Office expenses	-	-	-	-	-	35,507	-	35,507	35,507
Other expenses	-	-	-	-	-	36,389	-	36,389	36,389
Postage	-	-	-	-	-	3,282	-	3,282	3,282
Professional fees	-	-	-	-	-	45,716	-	45,716	45,716
Rent	-	-	-	-	-	34,485	-	34,485	34,485
Repairs and maintenance	-	-	-	-	-	19,390	-	19,390	19,390
Total Resource Campaign	-	-	-	-	-	23,430	-	23,430	23,430
Trade out for services	-	-	-	-	-	-	-	-	-
Travel	-	-	-	-	-	2,758	-	2,758	2,758
Utilities	-	-	-	-	-	15,842	-	15,842	15,842
<b>Total</b>	<b>\$ 115,728</b>	<b>\$ 1,464</b>	<b>\$ 1,061</b>	<b>\$ 110,632</b>	<b>\$ 228,885</b>	<b>\$ 783,993</b>	<b>\$ -</b>	<b>\$ 783,993</b>	<b>\$ 1,012,878</b>

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

**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
**PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE**

**Year Ended September 30, 2020**

	Military Development	Foundation/ Leadership Pensacola	Ship Commissioning	Partnership Services	Total Program Services	General & Administrative	Fund Raising	Total Supporting Services	Total Expenses
Military Development	\$ 109,210	\$ -	\$ -	\$ -	\$ 109,210	\$ -	\$ -	\$ -	\$ 109,210
Foundation/Leadership Pensacola	-	51,233	-	-	51,233	-	-	-	51,233
Ship Commissioning	-	-	109,157	-	109,157	-	-	-	109,157
Partnership Services	-	-	-	84,129	84,129	-	-	-	84,129
Salaries, taxes, and benefits	-	-	-	-	-	608,489	-	608,489	608,489
Depreciation	-	-	-	-	-	35,308	-	35,308	35,308
Bad debts	-	-	-	-	-	1,366	-	1,366	1,366
Cell phones	-	-	-	-	-	769	-	769	769
Dues and subscriptions	-	-	-	-	-	5,156	-	5,156	5,156
Insurance	-	-	-	-	-	21,473	-	21,473	21,473
Marketing	-	-	-	-	-	17,916	-	17,916	17,916
Office expenses	-	-	-	-	-	16,483	-	16,483	16,483
Other expenses	-	-	-	-	-	81,021	-	81,021	81,021
Postage	-	-	-	-	-	3,287	-	3,287	3,287
Professional fees	-	-	-	-	-	40,365	-	40,365	40,365
Rent	-	-	-	-	-	86,048	-	86,048	86,048
Repairs and maintenance	-	-	-	-	-	24,837	-	24,837	24,837
Total Resource Campaign	-	-	-	-	-	54,302	-	54,302	54,302
Trade out for services	-	-	-	-	-	26,225	-	26,225	26,225
Travel	-	-	-	-	-	2,291	-	2,291	2,291
Utilities	-	-	-	-	-	20,661	-	20,661	20,661
<b>Total</b>	<b>\$ 109,210</b>	<b>\$ 51,233</b>	<b>\$ 109,157</b>	<b>\$ 84,129</b>	<b>\$ 353,729</b>	<b>\$ 1,045,997</b>	<b>\$ -</b>	<b>\$ 1,045,997</b>	<b>\$ 1,399,726</b>

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

**CONSOLIDATED STATEMENTS OF CASH FLOWS**  
**PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE**  
**Years Ended September 30, 2021 and 2020**

	2021	2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ (162,149)	\$ (913,136)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	19,582	35,308
Provision for uncollectible receivable	6,575	1,366
PPP loan forgiveness	(116,600)	-
Loss on disposition of assets	-	519,371
Accrued interest	(21)	(59)
(Increase) decrease in operating assets:		
Accounts receivable	23,702	54,371
Employee retention credit receivable	(116,792)	-
Grants receivable	74,500	(8,723)
Prepaid expenses and other assets	22,628	(8,374)
Increase (decrease) in operating liabilities:		
Accounts payable	20,773	(103,386)
Membership dues paid in advance	(4,040)	2,835
Deferred revenue	12,790	19,095
Accrued payroll	4,146	8,138
Other liabilities	3,872	10,825
Net cash used by operating activities	(211,034)	(382,369)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Acquisition of furniture and equipment	(13,748)	-
Net cash used by investing activities	(13,748)	-
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Proceeds from PPP loan	116,600	-
Net cash used by financing activities	116,600	-
<b>NET DECREASE IN CASH</b>	(108,182)	(382,369)
Cash, beginning of year	983,909	1,366,278
Cash, end of year	\$ 875,727	\$ 983,909

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

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE A - ORGANIZATION

Pensacola Bay Area Chamber of Commerce, Inc. (d/b/a Greater Pensacola Chamber) (the "Chamber") is a Florida nonprofit charitable corporation formed in 1992 for the promotion of business development in the Pensacola area; its primary means of support comes from local businesses. The Pensacola Area Chamber Foundation, Inc. (the "Foundation") was created for raising funds to support and promote the Chamber.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting - The Organization prepares its consolidated financial statements on the accrual basis of accounting. Thus, revenues are recognized when services have been performed, and expenses are recognized when a liability has been incurred.
2. Principles of Consolidation - The accounts of the Foundation (the "Affiliate") are consolidated with the Chamber to present the consolidated financial statements of the Pensacola Bay Area Chamber of Commerce, Inc. (d/b/a Greater Pensacola Chamber) and Affiliate (the "Organization"). All material balances and transactions among the entities have been eliminated in consolidation.
3. 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.
4. Basis of Presentation - The Organization reports information regarding its financial position and activities according to two classes of net assets:

*Without donor restrictions* - not subject to donor-imposed stipulations.

*With donor restrictions* - subject to donor-imposed stipulations.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

It is the policy of the Board of Directors of the Chamber and the Foundation to review the Organization's plans for future expenditures from time to time and to designate appropriate sums of net assets without donor restrictions to assure adequate financing.

5. Cash and Cash Equivalents - For the purposes of the consolidated statement of cash flows, management considers all highly liquid investment instruments with an original maturity when purchased of three months or less to be cash equivalents.
6. Accounts Receivable - Accounts receivable consists primarily of membership dues, and program and event fees. The receivables are stated at unpaid balances less an allowance for doubtful accounts, which is based on historical experience coupled with a review of the current status of the receivables. Receivables are charged off in the period in which management determines the receivable to be uncollectible.
7. Investments - The Organization carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the consolidated statements of financial position. Realized and unrealized gains and losses and income are reported as part of the deferred compensation investment and payable balances.
8. Fair Value of Financial Investments - Investments are measured at fair value by the fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 consists of unadjusted quoted prices in active markets for identical assets and has the highest priority; Level 2 consists of observable inputs other than quoted prices for identical assets; and Level 3 consists of significant unobservable inputs and has the lowest priority. The Organization measures fair value using Level 1 and Level 3 inputs.

Changes in the value of re-measurement are recorded in the period re-measured and may result in transfers in or out of an investment's assigned level as described above.

9. Comparative Financial Information - Certain accounts and activities in the prior year information have been reclassified to conform to the presentation in the current year financial statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

10. Property and Equipment - Property and equipment are stated at cost, if purchased, or estimated fair value, if donated, at the date of donation. Additions of \$1,000 or more are capitalized, while maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed as incurred. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets as follows:

Furniture, fixtures, and equipment	5 - 10 years
Computer equipment and software	3 - 5 years

11. Membership Dues Paid In Advance - Membership dues are recorded as income in the month of the member's anniversary. Dues paid before the anniversary month are considered to be "membership dues paid in advance" and are not recognized as income until the anniversary date.
12. Deferred Revenue - Income from various dues and fees is deferred and recognized over the periods to which the dues and fees relate.
13. Program Revenue - The Organization adopted ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The adoption of this new revenue standard does not have a significant impact on the amount and timing of revenue recognized in the Organization's financial statements. Based on the Organization's evaluation process and review of its contracts, the timing and amount of revenue recognized previously remained consistent. No changes were required to previously reported revenues or opening net asset balances as a result of the adoption; contract receivables and liabilities at October 1, 2019 were \$183,236 and \$1,205, respectively.

Revenue related to exchange transactions is recognized as goods and/or services are provided and is based on the amount expected to be received in exchange for those goods and/or services. The Organization recognized program service revenue in the period in which performance obligations under its contracts are satisfied by transferring services. The Organization measures the performance obligations on the date the services are provided and invoices are sent.

Membership dues are recognized over the period of the membership. The transaction price is determined by the respective membership level selected by each member.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

14. Contributions - Contributions are recorded depending on the existence and/or nature of any donor-imposed stipulations and/or restrictions. Contributions are recognized when the donor makes an unconditional promise to give. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions. When restrictions are met in the same period as the contribution is received, the Organization records the contribution revenue as without donor restrictions.
15. In-Kind Contributions - Donated marketable securities, property and equipment, and other noncash donations are recorded as contributions at their fair values at the date of donation. Such donations are reported as increases in unrestricted net assets unless the donor has restricted the donated asset for a specific purpose. Assets donated with explicit restrictions regarding their use are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies net assets with donor restrictions to net assets without donor restrictions at that time.

Donated services are recognized as contributions if the services: (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization. The Organization also receives donated services from other contributors and volunteers that are not measurable, and therefore, are excluded from the financial statements.

In-kind contributions received for the years ended September 30, 2021 and 2020 were \$0 and \$26,225, respectively. This includes donated services totaling \$0 and \$16,520 for the years ended September 30, 2021 and 2020, respectively.

16. Advertising Costs - Advertising costs are expensed when incurred. Advertising costs for the years ended September 30, 2021 and 2020 were \$7,013 and \$17,916, respectively.
17. Allocation of Functional Expenses - Costs are charged to program services and management and generally based on direct expenditures incurred. Expenses not directly chargeable to these functional categories are allocated based on the number of personnel in each department. Management and general expenses include those expenses that are not directly attributable to any other specific function, but provide for the overall support and direction of the Chamber.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

18. Income Taxes - The Chamber is exempt from federal income taxes under Section 501(c)(6) of the Internal Revenue Code and is classified by the Internal Revenue Service as other than a private foundation; therefore, no provision for income taxes is recorded, except for taxes that may be due to unrelated business income derived from advertising and phone commissions. The Foundation is operating as a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code.

The Organization believes that any tax positions it has taken or expects to take that are more-likely-than-not sustainable, as described in the Codification, would not be material to the consolidated financial statements taken as a whole. Accordingly, no liability has been provided for unrecognized tax benefits, nor has any interest or penalty been accrued.

The Organization's information and tax returns for the years ended September 30, 2018 through 2021 are subject to examination by the Internal Revenue Service and state authorities, generally for three years after they were filed.

19. Events Occurring After the Reporting Date - The Organization has evaluated events and transactions that occurred between September 30, 2021 and October 6, 2022, which is the date that the consolidated financial statements were available to be issued, for possible recognition or disclosure in the consolidated financial statements.
20. Recent Financial Accounting Pronouncements - In February 2016, the FASB issued ASU 2016-02, *Leases* which requires lessees to recognize on the statement of financial position the assets and liabilities for the rights and obligations created by leases with lease terms of more than twelve months. The recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee will continue to primarily depend on its classification as a finance or operating lease. However, unlike current U.S. GAAP, which requires only capital leases to be recognized on the statement of financial position, ASU 2016-02 will require both types of leases to be recognized on the statement of financial position. ASU 2016-02 also requires disclosures about the amount, timing, and uncertainty of cash flows arising from leases. These disclosures include qualitative and quantitative requirements, providing additional information about the amounts recorded in the financial statements. This standard is effective for fiscal periods beginning after December 15, 2021. The Organization plans to adopt this ASU for the year ending September 30, 2023.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE C - ACCOUNTS RECEIVABLE

Accounts receivable at September 30, 2021 and 2020, consist of the following:

	<u>2021</u>	<u>2020</u>
Dues receivable	\$ 132,945	\$ 158,122
Less allowance for doubtful accounts	<u>(6,500)</u>	<u>(1,400)</u>
Net accounts receivable	<u>\$ 126,445</u>	<u>\$ 156,722</u>

#### NOTE D - DEFERRED COMPENSATION PLAN

The Organization offers its chief executive officer and a select group of management a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The Plan permits participants to defer a portion of their compensation until future years. The deferred compensation is not available until termination, retirement, death, or unforeseeable emergency. As required by Internal Revenue Code Section 457, all assets are held in trust for the exclusive benefit of the participants.

#### NOTE E - FAIR VALUE MEASUREMENTS

The Organization's investments are reported at fair value in the accompanying consolidated statement of financial position. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FASB Standards Codification 820, *Fair Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels; Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

#### NOTE E - FAIR VALUE MEASUREMENTS (Continued)

inputs consist of significant unobservable inputs and have the lowest priority. When available, the Organization measures fair value using Level 1 inputs, because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. There were no Level 2 inputs during the years ended September 30, 2021 and 2020.

Investments in debt securities and certain equity securities are measured at fair value based on the quoted market price using Level 1 inputs. Gains and losses on investments are reported as increases or decreases in the deferred compensation investment and the deferred compensation payable balances.

The group annuity contract is valued at contract value and is classified as Level 3, since the valuation is based on significant unobservable inputs. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract is backed by the general account of Principal Life Insurance Company. A rate of interest is contractually guaranteed by Principal Life Insurance Company and is credited to participant account balances. For the years ended September 30, 2021 and 2020, the interest rates were 1.10% and 1.60%, respectively.

The fair value measurements and levels within the fair value hierarchy of those measurements for the assets reported at fair value on a recurring basis at September 30, 2021 and 2020 are as follows:

	<u>Fair Value</u>	Fair Value Measurement Using Quoted Prices in Active Markets for Identical Assets (Level 1)	Fair Value Measurement Using Significant Unobservable Inputs (Level 3)
September 30, 2021:			
Equity securities -			
Mutual funds	\$ 132,592	\$ 132,592	\$ -
Group annuity contract	<u>62,269</u>	<u>-</u>	<u>62,269</u>
	<u>\$ 194,861</u>	<u>\$ 132,592</u>	<u>\$ 62,269</u>
September 30, 2020:			
Equity securities -			
Mutual funds	\$ 130,996	\$ 130,996	\$ -
Group annuity contract	<u>73,357</u>	<u>-</u>	<u>73,357</u>
	<u>\$ 204,353</u>	<u>\$ 130,996</u>	<u>\$ 73,357</u>

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE E - FAIR VALUE MEASUREMENTS (Continued)

The following table presents a reconciliation of the beginning to ending balances of the fair value measurements using significant unobservable inputs (Level 3) of the group annuity contract for the years ended September 30, 2021 and 2020, respectively:

	<u>2021</u>	<u>2020</u>
Balance, beginning of year	\$ 73,357	\$ 84,089
Earnings	912	1,268
Participant withdrawals	<u>(12,000)</u>	<u>(12,000)</u>
Balance, end of year	<u>\$ 62,269</u>	<u>\$ 73,357</u>

The Organization recognizes transfers of assets into and out of levels as of the date an event or change in circumstances causes the transfer. There were no transfers between levels in the years ended September 30, 2021 and 2020.

#### NOTE F - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of September 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Furniture, fixtures, and equipment	\$ 69,029	\$ 69,029
Computer equipment and software	<u>111,144</u>	<u>97,396</u>
	180,173	166,425
Less accumulated depreciation	<u>(158,784)</u>	<u>(139,202)</u>
	<u>\$ 21,389</u>	<u>\$ 27,223</u>

Depreciation expense for the years ended September 30, 2021 and 2020 was \$19,582 and \$35,308, respectively.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE F - PROPERTY AND EQUIPMENT (Continued)

Building improvements included approximately \$1,074,000 at September 30, 2019, for the cost of the Visitors Information Center building, which was located on land leased from the City of Pensacola under a 20-year lease and expired in 2020. The property was transferred to the City on June 1, 2020 by a quitclaim deed, resulting in a loss of \$519,371 for the year ended September 30, 2020.

The Organization evaluates its long-lived assets for any events or changes in circumstances which indicate that the carrying amount of such assets may not be fully recoverable. The Organization evaluates the recoverability of long-lived assets by measuring the carrying amount of such assets against the estimated undiscounted future cash flows associated with them. At the time, such evaluation indicates that the future undiscounted cash flows of certain long-lived assets are not sufficient to recover the carrying value of such assets, the assets are adjusted to their fair values. As of September 30, 2021, none of the Organization's long-lived assets were considered to be materially impaired.

#### NOTE G - OPERATING LEASES

In the year ended September 30, 2017, the Organization entered into a 36-month equipment lease requiring monthly rental of \$69 that expired in July 2020. In the year ended September 30, 2018, the Organization entered into another 36-month equipment lease requiring monthly rental of \$86 that expired in December 2020.

In the year ended September 30, 2020, the Organization entered into a 36-month equipment lease requiring monthly rental of \$377 that expired in July 2021. Subsequent to year end, the Organization entered into another 36-month equipment lease requiring monthly rental of \$360 that expires in August 2025.

Rent expense for the years ended September 30, 2021 and 2020 for the equipment was \$5,561 and \$1,653, respectively.

On January 1, 2017, the Organization commenced leasing its former offices on Palafox Street under a five-year lease at a monthly rent of \$10,074; this lease was terminated in the year ended September 30, 2020. In June 2020, the Organization commenced leasing its former office on North Devilliers Street under a six-month lease, expired December 2020.

The Organization commenced leasing new office space on West Garden Street in Pensacola on February 1, 2021 under a five-year lease at a monthly rent of \$4,481 and ending on January 31, 2026. This lease may be renewed at the expiration of the five years contingent upon agreeing to a new rental amount adjusted for inflation.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE G - OPERATING LEASES (Continued)

Rent expense for office space for the years ended September 30, 2021 and 2020 was \$34,485 and \$81,048, respectively.

Future minimum lease payments under the above operating leases that have remaining terms in excess of one year are as follows:

<u>Year Ending September 30,</u>	<u>Amounts</u>
2022	\$ 54,490
2023	58,090
2024	58,090
2025	57,370
2026	17,923
Thereafter	<u>-</u>
	<u>\$ 245,963</u>

#### NOTE H - PAYCHECK PROTECTION PROGRAM

In January 2021, the Organization received an SBA loan in the amount of \$116,600. The note terms included interest at 1%, for a term of 24 months, with the first six months of interest and principal payments deferred with interest accruing. The loan was made pursuant to the Paycheck Protection Program as part of the Coronavirus Aid, Relief, and Economic Security Act. During the year ended September 30, 2021, the loan was forgiven, in full, and is included in other income on the statement of activities.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE I - FINANCIAL ASSETS AVAILABLE FOR GENERAL EXPENDITURES

The following reflects the Organization's financial statements as of September 30, 2021, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of September 30, 2021. However, amounts already appropriated from the donor-restricted endowment for general expenditure within one year of September 30, 2021 have not been subtracted as unavailable.

Financial assets, at year-end	\$ 1,127,820
Net assets with donor restrictions	<u>(51,300)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 1,076,520</u>

The Organization at times receives restricted contributions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Occasionally, the Board designates a portion of any operating surplus to its liquidity reserve.

#### NOTE J - EMPLOYEE BENEFIT PLAN

The Chamber has a 401(k) Plan covering substantially all employees who have met certain service requirements. Contributions to the Plan amounted to \$0 for the years ended September 30, 2021 and 2020.

#### NOTE K - CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash and trade accounts receivable. The Organization maintains its cash at several local financial institutions. Deposits are insured up to \$250,000 per depositor, by the Federal Deposit Insurance Corporation (FDIC). The deposits at financial institutions exceeded the FDIC limit by \$296,582 at September 30, 2021.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC. AND AFFILIATE

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#### NOTE L - CONTINGENCIES

In the past, the Chamber has received federal and state grants. The disbursements of the funds received under these programs is subject to review and audit by grantor agencies. Any disbursements disallowed by these agencies could become a liability of the Chamber. In the opinion of management, any such claims should not have a material adverse effect on the financial position of the Chamber.

#### NOTE M - SUBSEQUENT EVENTS

Subsequent to year end, the Organization determined it was eligible for the Employee Retention Credit and claimed the credit for the year ended September 30, 2021 totaling \$116,792. The amount is included as a receivable on the statement of financial position and as a reduction of payroll taxes on the statement of functional expenses for the year ended September 30, 2021.

**BROWN**  
**THORNTON ♦ PACENTA**  
**& Company, P.A.**  
*Certified Public Accountants*  
*Business & Financial Consultants*

Michael D. Thornton, Shareholder  
Jan M. Pacenta, Shareholder  
Catherine T. Bond, Officer  
John R. Dunaway, Of Counsel  
Russell F. Lentz, Officer  
Sean K. Quigley, Officer

August 10, 2022

**CONFIDENTIAL**

Pensacola Bay Area Chamber  
of Commerce, Inc.  
P.O. Box 550  
Pensacola, FL 32591-0550

Dear Todd:

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

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 9/30/21 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Brown Thornton Pacenta & Company, PA  
P.O. Box 12484  
Pensacola, FL 32591

***Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.***

This return is due August 15, 2022, but in light of the IRS requirement that we not stockpile returns and the state re-creation rules, we request that you return the signed form 8879 as soon as possible.

We are returning any original source documents you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we

recommend that you retain all pertinent records for at least seven years.

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

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

Sincerely,

**BROWN  
THORNTON ♦ PACENTA  
& Company, P.A.**

Michael D. Thornton

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

For calendar year 2020, or fiscal year beginning 10/01, 2020, and ending 9/30, 20 21

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2020**

Name of exempt organization or person subject to tax **Pensacola Bay Area Chamber  
of Commerce, Inc.**

Taxpayer identification number  
**59-0190330**

Name and title of officer or person subject to tax **Todd Thomson  
President**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>806,033</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **Brown Thornton Pacenta & Company, P** to enter my PIN **90330** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax } \_\_\_\_\_ Date } **08/11/22**

**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.

**50371142178**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 } **08/11/22**

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Pensacola Bay Area Chamber of Commerce, Inc. Identifying number 59-0190330

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.

Table with 5 main rows for Part I. Line 1: 1,040,000; Line 2: Total cost; Line 3: 2,590,000; Line 4: Reduction; Line 5: Dollar limitation; Line 6-7: Description and cost of property; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover to 2021.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to election; Line 16: Other depreciation (19,583).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions (0); Line 18: Grouping election (u).

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month/year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i list property types and their depreciation details.

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Recovery period, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property; Line 22: Total (19,583); Line 23: Portion of basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

**12**

**Pensacola Beach Chamber of Commerce**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Pensacola Beach Chamber of Commerce

Agency Address: 7 Casino Beach Boardwalk, Pensacola Beach, FL 32561

Program Name for which funding is being requested: 2023-24 Fourth of July and New Year's Eve Fireworks Displays on Pensacola Beach

Amount Requested: \$ 85,000

Program Contact: Meg Peltier, President/CEO

Contact Email: meg@visitpensacolabeach.com Contact Phone: (850) 932-1500

25-Word Description of Program: The Pensacola Beach Chamber sponsors and coordinates the annual 4<sup>th</sup> of July Fireworks display and New Year's Eve Fireworks display on Pensacola Beach.

How many years has your organization been providing services in the County? 35 yrs. since 1988

How many years has your organization received funding from the County? One

Explain how receiving funds from the County would have a significant impact on your organization: The cost of the annual fireworks shows has risen 62% since 2021 making it unaffordable for the chamber within the current budget. This funding assistance enables the chamber to continue to provide this traditional event for tourists, businesses, residents impacting the entire Pensacola Beach community.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: FY2022-23 \$20,000

Briefly discuss how last year's funds were used? The funds were specifically designated to cover the remaining costs of the 2023 4<sup>th</sup> of July Fireworks display on Pensacola Beach.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? The 2023 4<sup>th</sup> of July Fireworks display has not occurred yet, even though the funds are from the FY2022-23 budget. We anticipate an increase in tourism/visitors from the previous year 2022 with 19,285 vehicles, 2-4 passengers per vehicle (38,570/77,140) and will be able to provide those numbers after the event.

\_\_\_\_\_

**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? The funding will be used strictly to cover the expense for the 2024 4<sup>th</sup> of July Fireworks display (\$20,000) and the 2023 New Year's Eve Fireworks display (December 31) (\$65,000) provided by contract with Pyro Shows. These events draw visitors from across the country and provide an economic boost to local businesses. In 2022, the 4<sup>th</sup> of July Fireworks Pensacola Beach toll booth recorded over 19,000 vehicles (38-77,000 visitors) with hotel occupancy over 90%. The New Year's Eve Fireworks toll booth recorded over 13,000 vehicles (26-53,000 visitors) with hotel occupancy over 85%.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: N/A

**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: N/A

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Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. N/A

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**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 0 %
- Percentage for direct programming costs: 100 %

If Escambia County funding can only fund a portion of your request, how will you offset the difference? We would solicit for business sponsorships from the community.

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

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Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. No. The PBCC will receive \$55,000 in Restricted funds from the Santa Rosa Island Authority for the 2024 4<sup>th</sup> of July Fireworks display.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Tourism/visitors #'s as measured by toll booth vehicle counts day of 4 <sup>th</sup> of July Fireworks display.	N/A	N/A	19,285	%
2. Tourism/visitors #'s as measured by toll booth vehicle counts day of Dec. 31 <sup>st</sup> (New Year's Eve) fireworks display.	N/A	N/A	13,454	%
3. Hotel occupancy rates	N/A	N/A	90%- 4 <sup>th</sup> of July 85%- Dec. 31/NYE	%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1.To continue to provide quality annual Fireworks displays on Pensacola Beach for the 4 <sup>th</sup> of July and New Year's Eve.	
2. To increase tourism/visitors #'s as measured by toll both vehicle data and hotel occupancy rates.	
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. 2022-2023 is the first measurable year so baseline for 4 <sup>th</sup> of July.	19,285 vehicles
2. 2022-2023 is the first measurable year so baseline for Dec. 31 <sup>st</sup> /New Year's Eve	13,454 vehicles
3.	

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding/Direct Contribution	N/A	\$20,000	\$85,000
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)	N/A	\$55,000	\$55,000
Total Income	N/A	\$75,000	\$140,000

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) N/A

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_\_  
\$55,000 for Fiscal Year 2022-23 4<sup>th</sup> of July Fireworks -Santa Rosa Island Authority  
Restricted funds

EXPENSES TABLE			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff			
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			
Fuel			
Supplies			
Event Expenses	N/A	\$75,000	\$140,000
Capitalizable Assets for County Funding (a)			
Other Expenses (b)			
Total Expenses	N/A	\$75,000	\$140,000
Net Income - (Revenue minus Expense)	N/A	0	0

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

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(b) Please explain any request listed in the "Other Expenses" line item. N/A

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**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Calendar

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. The financial are organizational and the tables are programmatic.

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3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? No net Income from this program

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
N/A		

5. Please provide the total amount of cash and investments on hand. \$250,000

6. Does your organization charge fees for services? If so, provide a list of fees charged.

As a non-profit membership organization we do not charge fees for services, but we do have membership dues per business that range from \$200 – 275 annually.

7. Does your organization require background checks from volunteers and staff? Yes- Staff

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: N/A

1. What is your agency's Strategic Plan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did your agency receive any grants? List the amount and a detailed use of the funds.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was there any increase in membership for the local chambers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

  
Name \_\_\_\_\_

President/CEO \_\_\_\_\_  
Title

6-5-2023 \_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Pensacola Beach Chamber of Commerce</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501(c)6 non-profit</b></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>7 Casino Beach Boardwalk</b></p> <p><b>6</b> City, state, and ZIP code  <b>Pensacola Beach, Florida 32561</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
5	9	-	2	9	1	8	1	9	8

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	President/CEO	Date ▶ 06-05-2023
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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-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, later.*

OGDEN UT 84201-0038

In reply refer to: 0441979376  
June 24, 2009 LTR 4168C E0  
59-2918198 000000 00 000  
00042370  
BODC: TE

PENSACOLA BEACH CHAMBER OF COMMERCE  
735 PENSACOLA BEACH BLVD  
PENSACOLA BCH FL 32561-2029



048044

Employer Identification Number: 59-2918198  
Person to Contact: C Winn  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

Our records indicate that a determination letter was issued in January 1990, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(6) 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,



Rita A. Leete  
Accounts Management II

Internal Revenue Service  
District Director

Department of the Treasury

C - 1130  
ATLANTA, GA 30301

Date:

**JAN 03 1990**

THE PENSACOLA BEACH CHAMBER OF  
COMMERCE INC  
PO BOX 1174  
PENSACOLA BEACH, FL 32561

Employer Identification Number:  
59-2918198

Contact Person:  
ED BRADLEY

Contact Telephone Number:  
(404) 331-4989

Internal Revenue Code  
Section 501(c) (6)

Accounting Period Ending:  
December 31

Form 990 Required:  
Yes

Addendum Applies:  
No

Dear Applicant:

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

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

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

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

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day

Letter 948 (DD/CG)

is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

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

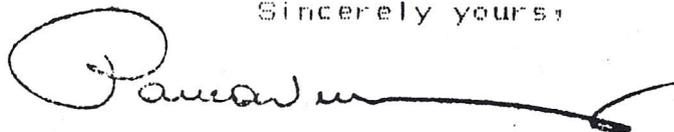
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal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

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

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

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

Sincerely yours,

A handwritten signature in black ink, appearing to read "Paul Williams", with a long horizontal flourish extending to the right.

Paul Williams  
District Director



6:04 PM

06/05/23

Cash Basis

**The Pensacola Beach Chamber of Commerce**  
**Balance Sheet**  
As of December 31, 2022

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	<u>Dec 31, 22</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Petty Cash - VIC	135.00
Synovus CD (3 mo)	55,000.00
Synovus CD (6 mo)	55,000.00
Synovus CD (9 mo)	110,000.00
Synovus Checking 9752	4,615.22
Synovus Money Mkt 9760	19,232.20
	<hr/>
<b>Total Checking/Savings</b>	243,982.42
	<hr/>
<b>Total Current Assets</b>	243,982.42
<b>Fixed Assets</b>	
Accumulated Depreciation	-5,740.00
Furniture and Equipment	8,858.52
	<hr/>
<b>Total Fixed Assets</b>	3,118.52
	<hr/>
<b>TOTAL ASSETS</b>	<b>247,100.94</b>
	<hr/> <hr/>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
Unrestricted Net Assets	258,462.65
Net Income	-11,361.71
	<hr/>
<b>Total Equity</b>	247,100.94
	<hr/>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>247,100.94</b>
	<hr/> <hr/>

5:59 PM

06/05/23

Cash Basis

The Pensacola Beach Chamber of Commerce  
Profit & Loss  
January through December 2022

---

	<u>Jan - Dec 22</u>
Ordinary Income/Expense	
Income	
Bank Credit fee	36.00
Donations	1,020.00
Event Income	
Art & Wine Festival	
A&W Sponsorships	1,944.10
Vendor/Artist	2,113.46
Wine Tasting Tickets	10,145.61
	<hr/>
Total Art & Wine Festival	14,203.17
Beach Ball Breakfast	
Entry (w/breakfast)	844.37
Sponsorships	493.28
Beach Ball Breakfast - Other	204.71
	<hr/>
Total Beach Ball Breakfast	1,542.36
Business After Hours	
Raffle - 50/50	497.00
Sponsorships	297.86
Business After Hours - Other	25.00
	<hr/>
Total Business After Hours	819.86
Crawfish Festival	976.00
Halloween Pub Crawl	
Stop Fee	1,800.00
Tumbler Sales	5,233.11
Halloween Pub Crawl - Other	608.00
	<hr/>
Total Halloween Pub Crawl	7,641.11
Holiday Party	218.75
Lighted Boat Parade	
Registration Fees	585.91
	<hr/>
Total Lighted Boat Parade	585.91
NY Eve Fireworks Sponsor	2,500.00
Red, White & Blues Airshow	
Air Show Reception Drinks	3,660.13
Airshow Vendors	6,969.76
	<hr/>
Total Red, White & Blues Airshow	10,629.89

5:59 PM

06/05/23

Cash Basis

**The Pensacola Beach Chamber of Commerce**  
**Profit & Loss**  
January through December 2022

---

	<u>Jan - Dec 22</u>
<b>Season Your Holidays</b>	
<b>Polar Bear Plunge</b>	
Sales	6,104.00
<b>Total Polar Bear Plunge</b>	6,104.00
<b>Surfing Santa Parade</b>	500.00
<b>Total Season Your Holidays</b>	6,604.00
<b>St. Paddy's Day Pub Crawl</b>	
Stop Fee	3,000.00
T-Shirts	6,938.94
St. Paddy's Day Pub Crawl - Other	1,950.00
<b>Total St. Paddy's Day Pub Crawl</b>	11,888.94
<b>Taste of the Beach</b>	
Bar Sales-Beer	4,493.25
Frozen Zone Sales	1,936.00
Sponsorships	1,500.00
TOB Cash Bank	3,000.00
TOB Entry Fees	888.92
TOB Kid's Cooking Classes	450.00
TOB T-shirt sales	2,092.94
VIP Trolley Dinner	14,305.80
Water sales	2,816.00
Taste of the Beach - Other	1,092.64
<b>Total Taste of the Beach</b>	32,575.55
<b>Total Event Income</b>	90,185.54
<b>Operations Income</b>	
Interest - Savings Account	334.35
Membership Fees	42,869.55
<b>Restricted Funds</b>	
Events	13,115.00
Fireworks	45,000.00
<b>Total Restricted Funds</b>	58,115.00
<b>VIC (Visitor Center)</b>	
Management Fees	95,144.39
Sales - Merchandise	2,281.90
<b>Total VIC (Visitor Center)</b>	97,426.29
<b>Total Operations Income</b>	198,745.19

**The Pensacola Beach Chamber of Commerce**  
**Profit & Loss**  
 January through December 2022

06/05/23

Cash Basis

	Jan - Dec 22
Uncategorized Income	18.93
<b>Total Income</b>	<b>290,005.66</b>
<b>Gross Profit</b>	<b>290,005.66</b>
<b>Expense</b>	
Ambassadors	364.30
Art & Wine Festival	
A&W Supplies	949.31
Advertising	8,850.00
Wine	2,400.00
Art & Wine Festival - Other	800.00
<b>Total Art &amp; Wine Festival</b>	<b>12,999.31</b>
Board of Directors	695.18
Computer/ Software	46.18
Event Expense	
4th of July	
EMS Standby	403.00
Fireworks	61,662.50
<b>Total 4th of July</b>	<b>62,065.50</b>
Airshow	
Advertising	95.00
Blues Reception (drinks)	3,660.13
Postage	51.00
Tent/Tables	2,106.00
Airshow - Other	518.52
<b>Total Airshow</b>	<b>6,430.65</b>
Beach Ball Breakfast	
Food	1,800.00
Beach Ball Breakfast - Other	113.25
<b>Total Beach Ball Breakfast</b>	<b>1,913.25</b>
Beach0Ween	1,526.80
Halloween Pub Crawl	
Advertising	765.00
Halloween Pub Crawl - Other	4,982.59
<b>Total Halloween Pub Crawl</b>	<b>5,747.59</b>

5:59 PM

06/05/23

Cash Basis

**The Pensacola Beach Chamber of Commerce**  
**Profit & Loss**  
January through December 2022

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	<u>Jan - Dec 22</u>
<b>Holiday Party (Annual MTG)</b>	
Food (Venue)	10,718.57
Postage	180.00
Holiday Party (Annual MTG) - Other	482.05
<b>Total Holiday Party (Annual MTG)</b>	<u>11,380.62</u>
<b>Season Your Holidays</b>	
Advertising	7,682.50
Boat Awards	154.42
Chamber Holiday Cards	384.82
Kids Pre Show Party	450.00
Lighted Boat Parade	66.61
New Years Eve Fireworks	7,000.00
Polar Bear Plunge	5,998.80
Surfing Santa Beach Parade	2,402.82
Season Your Holidays - Other	76.57
<b>Total Season Your Holidays</b>	<u>24,216.54</u>
<b>Snowbird Breakfast Beach Bash</b>	530.81
<b>St. Paddy's Day Pub Crawl</b>	
Advertising	0.00
St. Paddy's T-Shirts	3,408.18
<b>Total St. Paddy's Day Pub Crawl</b>	<u>3,408.18</u>
<b>Taste of the Beach</b>	
Alcohol beverages	1,274.54
Band	1,050.00
Security	480.00
Supplies	551.52
Tent Permit	95.00
TOB T-shirts	1,231.01
VIP Trolley Dinner	4,000.00
Taste of the Beach - Other	10,273.13
<b>Total Taste of the Beach</b>	<u>18,955.20</u>
<b>Event Expense - Other</b>	<u>135.45</u>
<b>Total Event Expense</b>	136,310.59
<b>Operations Expense</b>	
Bank Fees	205.94

**The Pensacola Beach Chamber of Commerce**  
**Profit & Loss**  
 January through December 2022

	Jan - Dec 22
<b>Chamber Advertising</b>	
Door Prize	21.34
Dues/Memberships	505.42
Flyers/Nametags/Signage	2,163.88
Member Awards	649.97
Networking Event	180.00
Website	1,282.50
Chamber Advertising - Other	205.10
<b>Total Chamber Advertising</b>	5,008.21
<b>Corporate Fees</b>	70.00
<b>Directors/Officer Insurance</b>	1,110.08
<b>Donations</b>	
Charitable Donation	3,800.00
Volunteer Gifts	304.59
<b>Total Donations</b>	4,104.59
<b>Employees</b>	
Background Check	10.00
Gift (Get Well/Going Away)	325.87
Salary/Wages	117,388.41
Transponder-Beach Pass	22.00
Employees - Other	86.95
<b>Total Employees</b>	117,833.23
<b>General Liability Insurance</b>	5,308.15
<b>Office Supplies</b>	1,354.27
<b>Petty Cash</b>	255.00
<b>Planning/Training</b>	
FACP Conference	628.45
FLP-Gulf Power Conference	459.00
Planning/Training - Other	665.00
<b>Total Planning/Training</b>	1,752.45
<b>Postage (Chamber)</b>	311.03
<b>President/CEO expense</b>	325.66
<b>Professional Services</b>	100.00
<b>Software - Programs</b>	4,901.86
<b>Storage Unit</b>	1,089.48
<b>Taxes</b>	
Sales & Use	2,768.36
Tax Prep/File	1,065.00
<b>Total Taxes</b>	3,833.36

5:59 PM

06/05/23

Cash Basis

The Pensacola Beach Chamber of Commerce  
**Profit & Loss**  
January through December 2022

---

	<u>Jan - Dec 22</u>
VIC	
Supplies	3,069.22
VIC - Other	<u>238.89</u>
Total VIC	3,308.11
Operations Expense - Other	<u>80.39</u>
Total Operations Expense	150,951.81
Total Expense	<u>301,367.37</u>
Net Ordinary Income	<u>-11,361.71</u>
Net Income	<u><u>-11,361.71</u></u>

**2021 Exempt Organization Business Tax Return**  
prepared for:

**PENSACOLA BEACH CHAMBER OF COMMERCE**  
7 CASINO BEACH BOARDWALK  
PENSACOLA BEACH, FL 32561

**RICHARD H. CANTIN CPA, PA**  
913 GULF BREEZE PARKWAY, STE 14  
GULF BREEZE, FL 32561

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning, 2021, and ending, 20

B Check if applicable: C Name of organization PENSACOLA BEACH CHAMBER OF COMMERCE D Employer identification number 59-2918198 E Telephone number (850) 932-1500 F Name and address of principal officer: ALISON WESTMORELAND, 7 CASINO BEACH, PENSACOLA BEACH, FL 32561 G Gross receipts \$ 261,978. H(a) Is this a group return for subordinates? No H(b) Are all subordinates included? No H(c) Group exemption number L Form of organization: X Corporation L Year of formation: 1988 M State of legal domicile: FL

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission or most significant activities: DEVELOPMENT OF COMMERCE ON PENSACOLA BEACH; 2-7a Governance questions; 8-12 Revenue (Prior Year vs Current Year); 13-19 Expenses (Prior Year vs Current Year); 20-22 Net Assets or Fund Balances (Beginning of Current Year vs End of Year).

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 MARGARET PELTIER, PRESIDENT/CEO Date 05/04/2022

Paid Preparer Use Only: Print/Type preparer's name Richard Cantin Preparer's signature Date 05/03/2022 Check if self-employed PTIN P01252293 Firm's name RICHARD H. CANTIN CPA, PA Firm's EIN 27-0113179 Firm's address 913 GULF BREEZE PARKWAY, STE 14, GULF BREEZE, FL 32561 Phone no. (850) 934-3730

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

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
DEVELOPMENT OF COMMERCE ON PENSACOLA BEACH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PENSACOLA BEACH CHAMBER OF COMMERCE MANAGES THE PENSACOLA BEACH VISITORS INFORMATION CENTER (VIC). THE VIC IS OPEN SEVEN DAYS A WEEK TO ASSIST VISITORS BY PROVIDING INFORMATION ABOUT BUSINESSES, SERVICES, AND EVENTS. THE CHAMBER ANNUALLY MANAGES 35,000 QUERIES ONLINE, BY PHONE, FAX AND IN PERSON.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PENSACOLA BEACH CHAMBER COORDINATES, PROMOTES AND SPONSORS A FOURTH OF JULY FIREWORKS SHOW.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PENSACOLA BEACH CHAMBER PARTNERS WITH THE LOCAL GOVERNING BODY TO COORDINATE, PROMOTE AND SPONSOR THE PENSACOLA BEACH RED, WHITE AND BLUES WEEK FEATURING FIVE DAYS OF AVIATION RELATED EVENTS.

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

4e Total program service expenses ▶

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .		X
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	X	
<b>3</b> 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> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .		
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	X	
<b>6</b> 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> . . . . .		X
<b>7</b> 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> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
<b>9</b> 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> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> 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> . . . . .	X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		X
<b>c</b> 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> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		X
<b>f</b> 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> . . . . .		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		X
<b>b</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> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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> . . . . .		X
<b>15</b> 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> . . . . .		X
<b>16</b> 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> . . . . .		X
<b>17</b> 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> See instructions . . . . .		X
<b>18</b> 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> . . . . .		X
<b>19</b> 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> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		
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>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on 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
<b>1a</b>	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 on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.		
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>16b</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 ►
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 ►  
 MEG PELTIER, 7 CASINO BEACH BOARDWALK, PENSACOLA BEACH, FL 32561 (850) 932-1500

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHRISTINE BREWSTER CHAIRMAN	1.00			X				4,500.		
(2) JUSTON TAKACS VICE CHAIRMAN	1.00 0.00			X						
(3) BOB SUNDIUS TREASURER	1.00			X						
(4) JOSHUA ROTH SECRETARY	1.00			X						
(5) BRETT JACKSON DIRECTOR	1.00	X								
(6) RHEA KESSLER DIRECTOR	1.00	X								
(7) CHERYL MANISCALCO DIRECTOR	1.00	X								
(8) ROB HOLLAND DIRECTOR	1.00	X								
(9) WANDA RADCLIFFE DIRECTOR	1.00	X								
(10) CRAIG WEBER EX-OFFICIO	1.00					X				
(11) MARGARET PELTIER PRESIDENT/CEO	40.00			X	X					
(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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)										
<b>1b Subtotal</b>							4,500.			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							4,500.			

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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>		X
<b>5</b> 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>		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .	43,924.				
	<b>1c</b>	Fundraising events . . . . .					
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)	157,888.				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above					
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		201,812.			
<b>Program Service Revenue</b>	<b>2a</b>	EVENTS	999999	51,736.	51,736.	0.	0.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		51,736.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		261.	0.	0.	261.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>6b</b>	Less: rental expenses					
	<b>6c</b>	Rental income or (loss)					
		Net rental income or (loss)					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>7c</b>	Gain or (loss) . . . . .					
		Net gain or (loss)					
<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
<b>8b</b>	Less: direct expenses . . . . .						
	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9b</b>	Less: direct expenses . . . . .						
	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	7,391.					
<b>10b</b>	Less: cost of goods sold . . . . .	10,337.					
	Net income or (loss) from sales of inventory . . . . .		-2,946.	0.	-2,946.	0.	
<b>Miscellaneous Revenue</b>	<b>11a</b>	RACK FEES	999999	394.	394.	0.	0.
	<b>b</b>	MISCELLANEOUS	999999	384.	384.	0.	0.
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		778.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		251,641.	52,514.	-2,946.	261.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,753.			
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	75,945.			
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .				
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .				
<b>10</b>	Payroll taxes . . . . .				
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .	4,500.			
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	1,208.			
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	6,360.			
<b>12</b>	Advertising and promotion . . . . .	6,894.			
<b>13</b>	Office expenses . . . . .	2,481.			
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .	979.			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	353.			
<b>23</b>	Insurance . . . . .	9,322.			
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	EVENTS . . . . .	127,161.			
<b>b</b>	EMPLOYMENT EXPENSES . . . . .	2,998.			
<b>c</b>	MISC . . . . .	3,035.			
<b>d</b>	PAYMENT PROCESSING FEES . . . . .	894.			
<b>e</b>	All other expenses . . . . .	2,085.			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	246,968.			
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	123,250.	<b>1</b>	16,446.
	<b>2</b> Savings and temporary cash investments . . . . .	127,067.	<b>2</b>	238,898.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 8,859.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 5,740.	3,472.	<b>10c</b> 3,119.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		253,789.	<b>16</b>	258,463.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .			<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		253,789.	<b>31</b>
<b>32</b> Total net assets or fund balances . . . . .		253,789.	<b>32</b>	258,463.
<b>33</b> Total liabilities and net assets/fund balances . . . . .		253,789.	<b>33</b>	258,463.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	251,641.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	246,968.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,673.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	253,789.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	258,462.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> 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 on Schedule O.		
<b>3a</b> 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>b</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 on Schedule O and describe any steps taken to undergo such audits .		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2021

Table with 2 columns: Name of the organization (PENSACOLA BEACH CHAMBER OF COMMERCE) and Employer identification number (59-2918198)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(6) (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

- [X] 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...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>PENSACOLA BEACH CHAMBER OF COMMERCE</b>	Employer identification number <b>59-2918198</b>
--------------------------------------------------------------------	-----------------------------------------------------

**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	SANTA ROSA ISLAND AUTHORITY  1 VIA DE LUNA DRIVE  GULF BREEZE FL 32561	\$ 134,098.	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.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PENSACOLA BEACH CHAMBER OF COMMERCE</b>	Employer identification number <b>59-2918198</b>
--------------------------------------------------------------------	-----------------------------------------------------

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>PENSACOLA BEACH CHAMBER OF COMMERCE</b>	Employer identification number <b>59-2918198</b>
--------------------------------------------------------------------	-----------------------------------------------------

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 BEACH CHAMBER OF COMMERCE	Employer identification number 59-2918198
-------------------------------------------------------------	----------------------------------------------

**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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions . . . . .

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

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

	1	2	3	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?					X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

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

**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.

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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

PENSACOLA BEACH CHAMBER OF COMMERCE

59-2918198

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount fields. Includes questions 1a-1b regarding art and historical treasures.

**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 make 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 program
  - 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    |
|----------------------------------------|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> 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** Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes           | No |
|------------------------------------|---------------|----|
| <b>(i)</b> Unrelated organizations | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations  | <b>3a(ii)</b> |    |
- 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
<b>1a</b> Land	0.			0.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		8,859.	5,740.	3,119.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,119.

**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) . . . . .		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number

59-2918198

PENSACOLA BEACH CHAMBER OF COMMERCE

**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 (such as 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 on line 1a? . . . . .

**3** Indicate which, if any, of the following the 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:

- |                                                                                                        |           |  |   |
|--------------------------------------------------------------------------------------------------------|-----------|--|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                           | <b>4a</b> |  | X |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> |  | X |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .    | <b>4c</b> |  | X |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                                              |           |  |  |
|----------------------------------------------|-----------|--|--|
| <b>a</b> The organization? . . . . .         | <b>5a</b> |  |  |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> |  |  |
- If "Yes" on 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:

- |                                              |           |  |  |
|----------------------------------------------|-----------|--|--|
| <b>a</b> The organization? . . . . .         | <b>6a</b> |  |  |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> |  |  |
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

**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 aren't 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 and/or 1099-NEC 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	(iv) Other reportable compensation	(v) Other reportable compensation				
1 CRAIG WEBER EX-OFFICIO	0.	0.	0.	0.	0.	0.	0.	0.	0.
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									



**SCHEDULE O  
(Form 990)**

**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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PENSACOLA BEACH CHAMBER OF COMMERCE

Employer identification number

59-2918198

Pt VI, Line 6: BUSINESSES PAY ANNUAL DUES TO BECOME MEMBERS OF THE CHAMBER OF  
COMMERCE.

Pt VI, Line 7a: MEMBERS ARE ELIGIBLE TO VOTE FOR ANY OPEN BOARD POSITIONS.

Pt VI, Line 11b: THE FORM 990 IS REVIEWED AT THE MONTHLY BOARD MEETINGS.

Pt VI, Line 19: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>PENSACOLA BEACH CHAMBER OF COMMERCE</b>	EIN or SSN <b>59-2918198</b>
-------------------------------------------------------------	---------------------------------

Name and title of officer or person subject to tax  
**MARGARET PELTIER, PRESIDENT/CEO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one 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	251,641.
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 V, line 5) . . . . .	4b	
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize RICHARD H. CANTIN CPA, PA to enter my PIN 

3	2	5	6	1
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ 05/04/2022

## 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.

5	9	4	2	9	8	2	2	2	2	2
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 05/03/2022

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

**Additional information from your 2021 Federal Exempt Tax Return**

Form 990: Return of Organization Exempt from Income Tax

Part IX Line 24 (continued) (2)

Line 24 col (A)

**Itemization Statement**

Description	Amount
BACKGROUND CHECKS	20.
BENEFITS-AFLAC	28.
GIFT	50.
INCENTIVES	2,900.
<b>Total</b>	<b>2,998.</b>

**13**

**Pensacola Caring Hearts**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [\*\*Budget@myescambia.com\*\*](mailto:Budget@myescambia.com).

**DEADLINE – Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2020 or 2021 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2019 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Pensacola Caring Hearts

Agency Address: 2105 W Gregory St, Pensacola, FL 32505

Program Name for which funding is being requested: Pensacola Caring Hearts Working for the Community

Amount Requested: \$ \$42,000

Program Contact: Fannie Finkley

Contact Email: fanniefinkley@pensacolacaringhearts.org Contact Phone: (850) 375-1838

25-Word Description of Program: \_\_\_\_\_

We operate mobile food pantry throughout Escambia and Santa Rosa counties. Free food for anyone in need.  
~~We operate food pantry available 24/7 on call.~~

The 42,000 will cover direct cost of food for mobile food trucks and pantry.

How many years has your organization been providing services in the County? 9 years

How many years has your organization received funding from the County? 8 years

Explain how receiving funds from the County would have a significant impact on your

organization: • THE NUMBER OF FAMILIES WE FEED WILL HELP OFFSET THE NEED FOR THE  
SNAP PROGRAM AND TO HELP FAMILIES IN NEED WHO DO NOT QUALIFY FOR THE  
SNAP PROGRAM FUNDED BY THE GOVERNMENT.  
• WE HELP OVER 1000 PEOPLE PER MONTH AND 95% DID NOT QUALIFY FOR THE  
SNAP PROGRAM.



**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: n/A

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Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. We operate mobile food pantry throughout Escambia and Santa Rosa counties. Free food for anyone in need. We operate food pantry available 24/7 on call.

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**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 60%
- Percentage for direct programming costs: 40%

If Escambia County funding can only fund a portion of your request, how will you offset the difference? Pensacola Caring Hearts partners with local churches and community organizations to help co-sponsor truck. Members of the organization also pool together to pay for a truck when needed. The organization have fundraisers to help pay for the truck and the food for the food pantry.

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

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Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. no

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**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY20	FY21	FY22	% Change
1. <u>reduce homelessness</u>	<u>50</u>	<u>70</u>	<u>75</u>	<u>25</u> %
2. <u>offset snap program</u>	<u>50</u>	<u>60</u>	<u>70</u>	<u>30</u> %
3. <u>help working families</u>	<u>50</u>	<u>70</u>	<u>75</u>	<u>25</u> %

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY23
1. <u>THE NUMBER OF FAMILIES WE FEED WILL SUCCESSFULLY HELP REUCE HUNGER AND EDUCATE FAMILIES ON NUTRITION.</u>	<u>65%</u>
2. <u>WE HELP ABOUT 1000 PEOPLES LAST YEAR</u>	<u>80%</u>
3. <u>reduce homelessness</u>	<u>75%</u>

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. WE HAVE HELP OVER 5000 FAMILIES IN NEED OF FOOD.	6000
2. LAST YEAR WE GAVE OUT OVER 120,000 LBS OF FOOD.	130,000
3. WE ARE AVERAGEING ABOUT 10,000 LBS OF MONTH GIVING OUT FOOD.	20,000

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$10,000	\$20000	\$20000
Programmatic Income	0	0	
County Funding/Direct Contribution	\$12350	\$13000	\$42000
County Funding by Other Source (a)	0	0	0
City Funding	0	0	0
Local Non-Profit Funding	0	0	0
State Funding	0	0	0
Federal Funding	0	0	0
Memberships	\$4500	\$4500	\$9000
Investment Income	0	0	0
Other Income (b)	0	0	0
Total Income	\$26850	\$36850	\$71000

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) NONE

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. DONATIONS

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EXPENSES TABLE			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	15	15	20
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	\$6000	\$6000	\$6000
Communication	\$300	\$600	\$900
Postage and Freight	\$100	\$150	\$200
Repair and Maintenance	\$300	\$500	\$500
Printing and Binding	\$2300	\$2600	\$2800
Marketing and Promotion	\$2000	\$2500	\$3000
Fuel	\$1200	\$2400	\$3600
Supplies	\$1500	\$3000	\$4500
Event Expenses	\$2000	\$2500	\$2800
Capitalizable Assets for County Funding (a)	0	0	0
Other Expenses (b)	\$16650	\$36000	\$72000
Total Expenses	\$32650	\$56250	\$96300
Net Income - (Revenue minus Expense)	-\$5500	-\$19400	-\$25300

(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. NONE

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(b) Please explain any request listed in the "Other Expenses" line item. DIRECT COST OF FOOD

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**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Calendar

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. none

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3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? NO FUNDS LEFT OVER WE NEED TO RAISE MORE MONEY

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4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
N/A		

5. Please provide the total amount of cash and investments on hand. 0

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6. Does your organization charge fees for services? If so, provide a list of fees charged.

no

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7. Does your organization require background checks from volunteers and staff? no

### **ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: N/A

1. What is your agency's Strategic Plan? \_\_\_\_\_

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2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

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3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_

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4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

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5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

FANNIE FINKLEY

\_\_\_\_\_  
Name

PRESIDENT

\_\_\_\_\_  
Title

4/3/2023

\_\_\_\_\_  
Date

## 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. <b>PENSACOLA CARING HEARTS, INC.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> 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) <u>5</u> 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.) <b>1501 W AVERY ST</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>PENSACOLA, FL 32501</b>	
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.

<b>Social security number</b>										
or										
<b>Employer identification number</b>										
4	6		-	3	6	0	9	6	6	0

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

### Part II Certification

Under penalties of perjury, I certify that:

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.

<b>Sign Here</b>	Signature of U.S. person ▶	<i>Fannie Finkley</i>	Date ▶	<b>01/02/2023</b>
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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](http://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  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAY 13 2015

PENSACOLA CARING HEARTS INC  
1501 W AVERY ST  
PENSACOLA, FL 32501-1807

Employer Identification Number:  
46-3609660

DLN:

17053346342004

Contact Person:

MS. D. JAMES

ID# 52423

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b) (1) (A) (vi)

Form 990 Required:

Yes

Effective Date of Exemption:

March 10, 2014

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c) (3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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

Sincerely,



Director, Exempt Organizations

Letter 947

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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** 01/01/2021 **and ending** 12/31/2021

<b>B</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	<b>C</b> Name of organization <u>PENSACOLA CARING HEARTS</u>		<b>D</b> Employer identification number <u>46-3609660</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <u>850-375-1838</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>PENSACOLA, FL 32501</u>		<b>F</b> Group Exemption Number ▶
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		

**I Website:** ▶ WWW.PENSACOLACARINGHEARTS.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 70,500

**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 . . . . .

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>		<u>70,000</u>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>		<u>0</u>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>		<u>500</u>
	<b>4</b>	Investment income . . . . .	<b>4</b>		<u>0</u>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<u>0</u>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<u>0</u>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>		<u>0</u>
	<b>6</b>	Gaming and fundraising events:			
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	<u>0</u>	
	<b>b</b>	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<u>0</u>	
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<u>0</u>		
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		<u>0</u>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<u>0</u>		
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	<u>0</u>		
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		<u>0</u>	
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		<u>0</u>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>		<u>70,500</u>	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>		<u>12,500</u>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>		<u>0</u>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>		<u>0</u>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>		<u>0</u>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>		<u>12,000</u>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>		<u>5,000</u>
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>		<u>40,800</u>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>		<u>70,300</u>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>		<u>200</u>
	<b>19</b>	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) . . . . .	<b>19</b>		<u>106</u>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>		<u>0</u>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>		<u>306</u>

**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
<b>22</b> Cash, savings, and investments . . . . .	106	<b>22</b> 306
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25</b> <b>Total assets</b> . . . . .	106	<b>25</b> 306
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	106	<b>27</b> 306

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

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

What is the organization's primary exempt purpose? See Schedule O, Statement 1

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.)

<b>28</b> <u>PURCHASE AND DISTRIBUTE FREE FOOD TO FAMILIES IN NEED. WE HAVE A FOOD PANTRY AVAILABLE ON CALL 24 HOURS A DAY 7 DAYS A WEEK. WE DO 2 TO 4 MOBILE FOOD PANTRIES A</u> <u>(Continued on Schedule O, Statement 2)</u> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	40,800
<b>29</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	40,800

**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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>FANNIE FINKLEY</u> <u>PRESIDENT</u>	40.00	0	0	0
<u>LEE AVANT</u> <u>MEMBER</u>	25.00	0	0	0
<u>FERLISSA FINKLEY</u> <u>SECRETARY</u>	35.00	0	0	0
<u>QUENTIN FINKLEY</u> <u>MEMBER</u>	25.00	0	0	0
<u>BERTHA LAMPKINS</u> <u>MEMBER</u>	25.00	0	0	0
<u>RENE FINKLEY</u> <u>MEMBER</u>	15.00	0	0	0
<u>JOANN EVANS</u> <u>MEMBER</u>	25.00	0	0	0
<u>JANICE AVANT</u> <u>MEMBER</u>	25.00	0	0	0
<u>GARNIE MCCAULEY</u> <u>MEMBER</u>	25.00	0	0	0
<u>Carol Brundridge</u> <u>VICE-PRESIDENT</u> <u>(Continued on Schedule O, Statement 3)</u>	30.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="0"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="0"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="0"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="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 <input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text" value="FL"/>		
42a	The organization's books are in care of <input type="text" value="FERLISSA FINKLEY"/> Telephone no. <input type="text" value="470-549-5692"/> Located at <input type="text" value="1501 W AVERY ST, PENSACOLA, FL 32501"/> ZIP + 4 <input type="text" value="32501"/>		
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 <input type="text"/>		<input checked="" type="checkbox"/>
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 <input type="text"/>		<input checked="" type="checkbox"/>
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 <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>

		Yes	No
<b>46</b>	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(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.

<b>Sign Here</b>	Signature of officer	Date
	<b>Ferlissa Finkley, SECRETARY</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>PENSACOLA CARING HEARTS</b>	Employer identification number <b>46-3609660</b>
------------------------------------------------------------	-----------------------------------------------------

**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).)
- 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on 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)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	35,000	48,000	66,500	68,450	70,000	287,950
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	35,000	48,000	66,500	68,450	70,000	287,950
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						287,950

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	35,000	48,000	66,500	68,450	70,000	287,950
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						287,950
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	100 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2021.** 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—2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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 lines 5b and 5c 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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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>		
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 line 10b below.</i>		
10b	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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b>	A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b>	Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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)

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> <b>From 2016</b> . . . . .			
<b>b</b> <b>From 2017</b> . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> <b>Excess from 2017</b> . . .			
<b>b</b> Excess from 2018 . . .			
<b>c</b> Excess from 2019 . . .			
<b>d</b> Excess from 2020 . . .			
<b>e</b> Excess from 2021 . . .			



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

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

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PENSACOLA CARING HEARTS

46-3609660

Form 990-EZ, Part I, Line 10 - 12,500 from Escambia County

Form 990-EZ, Part I, Line 16 - 36000 cost of food for mobile food truck 4800 cost of food for food pantry

**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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As an independent non-profit 501(c)3 organization, the mission of Pensacola Caring Hearts Inc. is to provide seniors and children the opportunity to participate in programs, services and activities to meet the diverse, social, educational, cultural and recreational needs of the community. We are devoted to empowering the community to ensure access to healthy food, nutrition education and advocacy for anybody who are at risk of hunger. Pensacola Caring Hearts Inc. seeks to build and foster a strong sense of a metropolitan community and improve the quality of life for people of all ages.

**First Program Service Accomplishments Description**

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**Description**

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MONTH. WE GIVE OUT FREE FOOD IN ESCAMBIA AND SANTA ROSA COUNTIES. IT COST US \$750.00 PER 5000LBS OF FOOD PER TRUCK. FOOD INCLUDES FRESH PRODUCE, BAKE GOODS, FROZEN MEATS, BEVERAGES, CANNED GOODS AND DAIRY PRODUCTS.

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
<b>Name</b>	CHRISTOPHER FINKLEY	25.00	0	0	0
<b>Title</b>	MEMBER				
<b>Name</b>	Eddie Snell	15.00	0	0	0
<b>Title</b>	Member				
<b>Name</b>	CHERYL Barton	25.00	0	0	0
<b>Title</b>	Member				
<b>Name</b>	PATRICA AVANT	30.00	0	0	0
<b>Title</b>	TREASURER				

**14**

**Pensacola – Escambia Development  
Commission**

## **Pensacola – Escambia Development Commission (PEDC)**

### **APPLICATION CHECKLIST**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

All documents have been provided as requested for both PEDC and FloridaWest EDA. However, as a statutory created entity the PEDC does not have a tax return or an IRS Letter of Determination.

### **GENERAL INFORMATION**

Agency Name: Pensacola – Escambia Development Commission (PEDC)

Agency Address: 3 West Garden Street, Suite 618  
Pensacola, Florida 32591

Program Name for which funding is being requested: (PEDC) Funding Request FY 2023

Amount Requested: \$725,000 – Local Option Sales Tax Economic Development Trust Fund.

Program Contact: Melissa Stoker

Contact Email: mstoker@floridawesteda.com

Contact Phone: (850) 898-2201

25-Word Description of Program: PEDC is the County's economic development authority created by state statute, and operates via a contract with FloridaWest EDA, for business development, exiting industry expansion and retention, entrepreneurial development, asset development, workforce collaboration and promotion.

How many years has your organization been providing services in the County? Since 1967

How many years has your organization received funding from the County? Since 1967

Explain how receiving funds from the County would have a significant impact on your organization: The request is in line with our new 5 - Year Strategic plan and supports the current year program of work. (Please see attached)

### **PRIOR YEAR FUNDING**

(If none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$600,000

Briefly discuss how last year's funds were used? In FY 22-23, county dollars were used to support the development and marketing of the Bluffs project (FOIL), the downtown technology campus, and purchase of the Hitachi facility for Pegasus Laboratories; PEDC administration costs and a contract with FloridaWest EDA. FloridaWest used the funds for programing, administration, and personnel costs.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?

For the \$600,000 investment approved this fiscal year, PEDC/FloridaWest have worked to generate over \$9.6 million in annual estimated economic impact and over \$2.8 million in annual new wages for Escambia County as of March 31, 2023 (six months into the current fiscal year).

### **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?

Programing costs include activities related to our scope of work: Business Retention and Expansion Activities, Entrepreneurial Development, Workforce Development, Attraction Activities and Asset Development. The companies targeted fall into specific high wage industry sectors (Aviation, Back Office/Financial Services, Cyber Security/Information Technology, Manufacturing, and Marine Services), and export over 85% of their product or service, thereby increasing capital investment, payroll, employment. Restricted allocation of \$125,000 for Northwest Florida Defense Partners.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: Yes, according to Florida State Statute 125.045 —" County economic development powers". — The Legislature declares that it is necessary and in the public interest to facilitate the growth and creation of business enterprises in the counties of the state.

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:

Economic Development is only successful when you collaborate with all public and private community partners that have a similar mission or program of work. We were founding members of "The Spring", a small business and entrepreneurial mentor ship program run by Studer Community Institute. We also maintain the Entrepreneurial-

Ecosystem-Group (EEG) a collaboration of all the entities that support entrepreneurship in the county. We work closely with the Greater Pensacola Chamber and Visit Pensacola on ESF18 at the County Emergency Operation Center (EOC). We coordinated joint funding requests in partnership with K-12, PSC, and UWF. We organized the Inclusive Development Network with Achieve Escambia, Community Action Agency, CareerSource Escarosa, and Gulf Coast Minority Chamber of Commerce. We are lead participants in First Place Partners, a regional governmental affairs group that supports economic development and military growth strategy, We will also be inaugural members of Northwest Florida Defense Partners.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. Unlike other business and community development organizations that have oversight and programming primarily for the benefit of its members and the community, PEDC is an economic development authority created by Special Act Chapter 67-1365, with direct oversight from two County Commissioners and two City Council Members and the Mayor of Century. PEDC programming is developed to enhance and expand economic activity within the county. (PEDC) has a contract with FloridaWest, a public/private non-profit economic development agency with a program of work that follows the legislative intent as outlined in State Statute (125.045). PEDC and FloridaWest work in the public interest to facilitate the growth and creation of business enterprises for the benefit of all residents of Escambia County.

## **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 63 %
- Percentage for direct programming costs: 37 %

If Escambia County funding can only fund a portion of your request, how will you offset the difference? 100% of PEDC operational funding is received through an Interlocal Agreement between Escambia County and the City of Pensacola. If funding is reduced, it will significantly impact the economic development operations of PEDC and the program of work of its contract agency FloridaWest EDA.

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio: PEDC and its partners apply for Triumph, State and Federal funding to support specific ongoing projects. So far this FY the PEDC has applied for \$6 million in Triumph, and supported \$4 million in legislative funding. However, the operational funds requested from Escambia County are not used as a direct match. Through the funding interlocal agreement with the City of Pensacola the City contributes \$175,000 to PEDC.

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. PEDC does not receive funding from other local non-profits agencies. However, as programs are developed, FloridaWest may request

public, private, and non-profit grants specific to its program of work in the coming year.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year, use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Agency Name: PEDC			
FY 2022/2023 Appropriation Amount:		\$600,000	
Goals & Metrics Scorecard:	FY 22/23 Oct 1st - March 31st	FY 21/22	FY 20/21
Business Development by Increasing the Number of Primary Sector Jobs			
*Economic impact estimates	\$1,860,481	\$56,683,078	\$29,056,261
*Number of new jobs created	6	266	95
*Cost per job	2,500	2,256	6,316
*Workforce Development /Career Academy Enrollment/ CO:LAB Companies	18*	7,066	8,044
*Number of new businesses created/expanded	1	24	2
*State/Federal funds received	\$11 mill FDOT/Triumph Received	\$5 mill Requested	\$2.5 mill Received
* This metric swithted to numbe of Incubator Companies (CO:LAB)			

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

In addition to the metrics above our new 5-Year Strategic Plan will call for a new set of metrics such as the following:

- Direct involvement in new projects (business locations, expansions or incubation graduations) that result in an annual average of committed new jobs with average wages higher than the county average, (\$51,269 in 2021).
- Maintain an 80 percent average annual occupancy rate and expand the square footage of the existing Co:Lab.
- Visit existing target industry businesses per year to gather information and assist existing industries in retaining and expanding operations and job creation.
- Develop plan for existing companies to access SCIF space.

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals		FY23
1.	N/A	
2.		
3.		

### 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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 21-22	Current Budget Year FY 22-23	Proposed Budget Year FY 23-24
Contributions/Donations from Private Sources	\$0	\$0	\$0
Programmatic Income	\$0	\$0	\$0
County Funding/Direct Contribution	\$600,000	\$600,000	\$600,000
County Funding by Other Source (a)	\$0	\$0	\$0
City Funding	\$175,000	\$175,000	\$175,000
Local Non-Profit Funding	\$0	\$0	\$0
State Funding (Approps Request)	\$265,000	\$500,000	\$5,000,000
Federal Funding	\$0	\$0	\$0
Memberships	\$0	\$0	\$0
Investment Income	\$1,000	\$19,000	\$19,000
Restricted Allocation: NW FL Defense Partners			\$125,000
Other Income (b)	\$1,250	\$388,250	\$388,250
<b>Total Income</b>	<b>\$1,042,250</b>	<b>\$1,682,250</b>	<b>\$6,307,250</b>

- (a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)

NA

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- (b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.

PEDC manages the Escambia County Foreign Trade Zone, GE and Snack Crate pay a \$1,250 combined annual fee to use the zone. PEDC Received Rental Income from Pegasus \$387,000

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 21-22	Current Budget Year FY 22-23	Proposed Budget Year FY 23-24
Total Number of Staff	7	5	6
Salaries and Wages	\$420,769	\$420,769	\$420,769
Employee Benefits	\$101,081	\$101,081	\$101,081
Professional Services	\$265,000	\$500,000	\$5,000,000
Contractual Services	\$18,500	\$257,018	\$18,500
Travel Expenses	\$25,000	\$25,000	\$25,000
Rentals and Leases	\$10,000	\$10,000	\$10,000
Communication	\$0	\$0	\$0
Postage and Freight	\$0	\$0	\$0
Repair and Maintenance	\$0	\$0	\$0
Printing and Binding	\$0	\$0	\$0
Marketing and Promotion	\$11,000	\$11,000	\$11,000
Fuel	\$0	\$0	\$0
Supplies	\$400	\$400	\$400
Event Expenses	\$0	\$0	\$0
Capitalizable Assets for County Funding (a)	\$0	\$0	\$0
Restricted Allocation: NW FL Defense Partners			\$125,000
Other Expenses (b)	\$190,500	\$356,982	\$595,500
Total Expenses	\$1,042,250	\$1,682,250	\$6,307,250
Net Income - (Revenue minus Expense)	\$0	\$0	\$0

Note: the above expense table is a modified budget pulling from both FloridaWest and PEDC actual budgets and financials for both organizations are attached.

(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. Requested funds will not be used to purchase capitalized assets. PEDC does own and manages the Technology Campus. PEDC will use funds from the legislative session to construct road infrastructure and Triumph to complete ED Projects

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

Incubator (Co:Lab) \$110,000  
Asset Development \$19,500  
Debt Service on Pegasus Building \$375,000

**BUDGET QUESTIONS**

1. Does your agency run Calendar Year, State Fiscal Year, or Fiscal Year?  
October 1<sup>st</sup> – September 31<sup>st</sup> FY
2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements: The expenses listed are estimates based on expenses from both PEDC and FloridaWest to demonstrate how PEDC income is spent. They do not match the attached PEDC and FloridaWest financial statements.
3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? Any remaining funds at the end of the Fiscal Year are put into reserves to assist in managing the cash flow needs of reimbursable grants received.
4. Please list the salary of the top 5 employees, names and positions of your organization.

PEDC does not have any Employees, FloridaWest Employees are listed below

Name	Position	Salary
Currently Open	CEO	\$180,000
Danita Andrews	Chief Business Development Officer	\$96,500
Patrick Rooney	Co:Lab Director/Business Coach	\$75,500
Melissa Stoker	Director of Operations	\$70,000
Casey Campbell	CO:LAB Pensacola - Office Manager	\$49,920

5. Please provide the total amount of cash and investments on hand. **\$968,000**
6. Does your organization charge fees for services? If so, provide a list of fees charged.  
**PEDC does not charge fees for services.**
7. Does your organization require background checks from volunteers and staff? **Yes**  
**PEDC does not have any Employees, All FloridaWest Employees have background checks prior to employment.**

### **ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A:

1. What is your agency's Strategic Plan? **PEDC and FloridaWest EDA completed a new 5-year strategy for Economic Development. The plan was presented and approved by the FloridaWest and PEDC Board in FY 2022 – 2023 (Please see the attached document)**
2. How many jobs were created this year over last year by zip code? **Please see Attachment's "A" and "C" We have seen a complete return to post-COVID employment numbers.**
3. What is the net cost per job created?  
**Since 2014 Escambia County has funded PEDC a total of \$4.55 million and supported the creation/retention of approximately 8,000 jobs which equals a net cost of approximately \$568.00 per job.**

4. ADDITIONAL QUESTIONS

1. What was done by your agency to address the "Pockets of Poverty"?

PEOC, and its contract partner FloridaWest, are the only organizations focused specifically on long-term programs to increase and retain the number of companies and jobs opportunities in the community that pay above the current county average wage and increase the number of training and hiring opportunities available to Escambia Citizens within our target industry sectors (specific business development and entrepreneurship information is available in the attached Accomplishments Report). If programs are fully funded and supported, Escambia County citizens that participate will have access to training and education resources and jobs that pay above the ALICE threshold.

2. Did your agency receive any grants? List the amount and a detailed use of the funds.

Please see attachment "B"

3. Was there any increase in membership for the local chambers?

PEDC is not a membership organization like a Chamber of Commerce. THE PEDC is a Florida statutorily created commission with an appointed board structure.

4. What are your agency's statistics on business creation and minority businesses by zip code? Please see attachment "C"

5. Can we reduce the taxpayer subsidy?

The use of public funds for economic development and PEDC programming is not perceived to be a taxpayer subsidy by most citizens of Escambia County. It is understood to be an important governmental function as authorized in Florida State Statute 125.045 and the passage of the LOST IV referendum (which includes economic development funding) by majority vote of the citizens on November 4, 2014. 100% of the PEDC operational funding is received through an Interlocal agreement between Escambia County and the City of Pensacola. If funding is reduced, it will significantly impact the economic development operations of PEDC and the program of work of its contract agency Florida West EDA.

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

  
Name: Dave Hoxeng  
Title: Chair, PEDC Date: 4/3/23

4. **ADDITIONAL QUESTIONS**

1. What was done by your agency to address the "Pockets of Poverty"?

PEDC, and its contract partner FloridaWest, are the only organizations focused specifically on long-term programs to increase and retain the number of companies and jobs opportunities in the community that pay above the current county average wage and increase the number of training and hiring opportunities available to Escambia Citizens within our target industry sectors (specific business development and entrepreneurship information is available in the attached Accomplishments Report). If programs are fully funded and supported, Escambia County citizens that participate will have access to training and education resources and jobs that pay above the ALICE threshold.

2. Did your agency receive any grants? List the amount and a detailed use of the funds.

Please see attachment "B"

3. Was there any increase in membership for the local chambers?

PEDC is not a membership organization like a Chamber of Commerce. THE PEDC is a Florida statutorily created commission with an appointed board structure.

4. What are your agency's statistics on business creation and minority businesses by zip code? Please see attachment "C"

5. Can we reduce the taxpayer subsidy?

The use of public funds for economic development and PEDC programming is not perceived to be a taxpayer subsidy by most citizens of Escambia County. It is understood to be an important governmental function as authorized in Florida State Statute 125.045 and the passage of the LOST IV referendum (which includes economic development funding) by majority vote of the citizens on November 4, 2014. 100% of the PEDC operational funding is received through an Interlocal agreement between Escambia County and the City of Pensacola. If funding is reduced, it will significantly impact the economic development operations of PEDC and the program of work of its contract agency Florida West EDA.

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

David Hoxeng  
David Hoxeng (Jun 29, 2025 13:32 CDT)

Name: Dave Hoxeng  
Title: Chair, PEDC Date: 4/3/23

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Community Economic Development Association of Pensacola and Escambia Inc.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>3 West Garden Street</b></p> <p><b>6</b> City, state, and ZIP code  <b>Pensacola, FL 32502</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requestor* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
4	7								

**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 for Part II, later.

**Sign Here**

<p>Signature of U.S. person ▶ <i>Charles R. Bryan</i></p>	<p>Date ▶ 5/12/23</p>
-----------------------------------------------------------	-----------------------

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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, later.*

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

DEPARTMENT OF THE TREASURY

Date: **JAN 27 2016**

COMMUNITY ECONOMIC DEVELOPMENT  
ASSOCIATION OF PENSACOLA AND  
ESCAMBIA COUNTY INC  
117 W GARDEN ST  
PENSACOLA, FL 32502-5617

Employer Identification Number:  
47-1954665  
DLN:  
206019120  
Contact Person:  
CHRIS BROWN ID# 31503  
Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
September 30  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
October 16, 2014  
Contribution Deductibility:  
No  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(6). This letter could help resolve questions on your exempt status. Please keep it for your records.

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

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

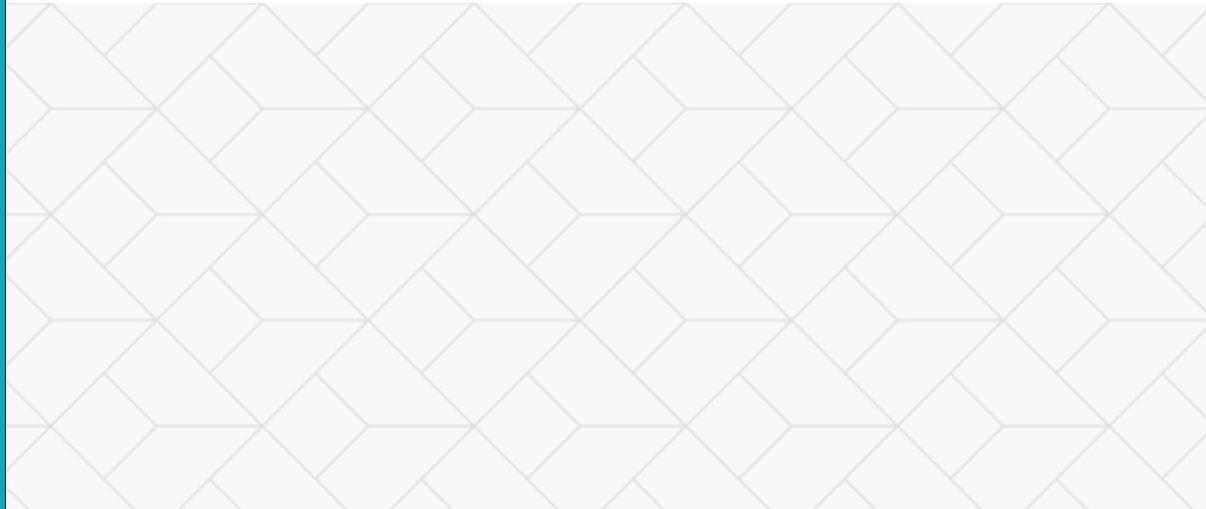
For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private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



# FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE



PREPARED BY  
VISIONFIRST ADVISORS  
OCTOBER 2022



# CONTENTS

- Project Purpose ..... 3
- First Impressions ..... 4
- Data At-A-Glance ..... 5
- The Discovery Process ..... 9
  - Stakeholder Key Findings » ..... 9
- SWOT Analysis ..... 11
- Strategic Goals ..... 12
- Goals, Rationale & Approaches ..... 13
  - Goal 1: Business Recruitment » ..... 13
  - Goal 2: Business Retention & Expansion » ..... 21
  - Goal 3: Innovation & Entrepreneurship » ..... 24
- Cross-cutting: Organizational Capacity ..... 27
  - Current Organizational Structure » ..... 27
  - Operational Challenges » ..... 28
  - Proposed Structure Changes » ..... 30
- Metrics ..... 34

# PROJECT PURPOSE

Escambia County is fortunate to be a desirable community, known for its downtown revitalization, industrial assets, a skilled workforce deep with military and defense expertise and unmatched infrastructure. From a wide range of natural and cultural amenities to a diverse variety of industry sectors, the community is primed for continued growth.

To continue its momentum, it was time to develop a new strategic plan to guide FloridaWest's efforts, measure progress and celebrate success for the next five years. The strategic plan on the following pages will allow FloridaWest, along with its local partners, to increase its competitive position to attract and retain quality, higher-paying jobs and support and maintain an ecosystem of entrepreneurship and new business development.

Meaningful alignment, collaborative action and measurable results are built on a foundation of clarity around what is of fundamental importance to FloridaWest, its stakeholders and the community at large.



# FIRST IMPRESSIONS

Communities experience difficulties seeing their surroundings as clients, guests, prospective industries and newcomers to the area see them. The information below outlines impressions as perceived by a site selector. Note that these impressions from visiting a community are often the second impression, the first impression a site selector sees is a community's data.



## SYSTEMS

Much has changed in the market, in economic development and in the region over the last five years. The community is rich with programs, but stakeholders and leadership want FloridaWest to take a more proactive and coordinated approach in landing job creation projects. Without making changes, funding challenges could arise.



## PRODUCT

The community currently has The Bluffs, the tech park and an industrial park, but each face challenges. Additionally, there appears to be waning interest in industrial development at the Port or OLF-8. As a result, the community has limited product to market but stakeholders, and likely the public, have limited desire to consider new properties before the issues at the current sites are resolved. Investors want to see progress and ROI on existing assets.



## INNOVATION

Community and education leaders along with elected officials have expressed a strong commitment to entrepreneurship and innovation. Given the success of several local start-ups, many would like to see additional efforts to support this key sector. Success surrounding innovation and entrepreneurship shows a more immediate ROI as compared to traditional competitive project wins.

# DATA AT-A-GLANCE

Prior to the pandemic, when site selectors, companies or entrepreneurs were evaluating a community, they considered basic demographic and employment information. But in today's ever-changing economy, a more robust and holistic picture is needed to evaluate the potential of a location effectively. Key metrics such as population growth, labor force participation rate, commuting patterns and educational attainment will always be critical. However, it is also imperative to consider social markers such as poverty, housing costs and utility rates. Finally, given the tight labor market, identifying untapped labor pools such as exiting military, single mothers and persons with disabilities can also shape workforce and talent programs. The figures on the following pages provide a snapshot of key data points. VisionFirst compiled data from numerous trusted sources.

**FIGURE 1: POPULATION SNAPSHOT**

	Escambia County	Pensacola-Ferry Pass-Brent, FL MSA	Florida	USA
Population (ACS)	313,491	488,246	20,901,636	324,697,795
Median Age <sup>2</sup>	37.2	38.2	42.0	38.1
Under 18 Years	20.9%	21.3%	20.0%	22.6%
18 to 24 Years	11.7%	10.4%	8.4%	9.4%
25 to 34 Years	14.6%	14.2%	13.0%	13.9%
35 to 44 Years	10.9%	11.7%	12.1%	12.6%
45 to 54 Years	11.8%	12.6%	13.1%	13.0%
55 to 64 Years	13.4%	13.5%	13.3%	12.9%
65 to 74 Years	9.7%	9.7%	11.1%	9.1%
75 Years, and Over	6.8%	6.6%	9.0%	6.5%
Race: White	68.1%	74.3%	75.1%	72.5%
Race: Black or African American	21.9%	16.3%	16.1%	12.7%
Race: American Indian and Alaska Native	0.4%	0.5%	0.3%	0.8%
Race: Asian	3.0%	2.6%	2.7%	5.5%
Race: Native Hawaiian & Other Pacific Islander	0.1%	0.2%	0.1%	0.2%
Race: Some Other Race	1.2%	1.3%	3.0%	4.9%
Race: Two or More Races	5.3%	4.8%	2.7%	3.3%
Hispanic or Latino (of any race)	5.7%	5.6%	25.6%	18.0%
<b>Population Estimates, Growth &amp; Density</b>				
Population (Pop Estimates) <sup>4</sup>	322,364	511,503	21,733,312	329,484,123
Population Annual Average Growth <sup>4</sup>	0.8%	1.3%	1.4%	0.6%
People per Square Mile	484.9	301.3	400.5	92.9

In looking at the data in Figure 1, there are several points worth noting in positioning FloridaWest's efforts in promoting the county.

- The average age of the county is younger than the comparison locations and nearly 60 percent of the population is under the age of 44.
- The community is becoming more diverse with nearly 23 percent of the population Black or African American, three percent Asian and 5.7 percent Hispanic or Latino.
- While the population growth is not as significant as the MSA or the state, it is greater than the national average.
- The county is very densely populated at nearly 485 people per square mile, significantly higher than the rest of the comparison regions.

**FIGURE 2: LABOR FORCE SNAPSHOT**

	Escambia County	Pensacola-Ferry Pass-Brent, FL MSA	Florida	USA
Labor Force Participation Rate (16 years and over)	59.3%	58.9%	58.7%	63.2%
Prime-Age Labor Force Participation Rate (25-54)	80.0%	78.1%	81.2%	82.1%
Armed Forces Labor Force	3.6%	3.2%	0.3%	0.4%
Veterans, Age 18-64	10.3%	12.3%	5.3%	4.6%
Veterans Labor Force Participation Rate, Age 18-64	68.8%	71.4%	74.4%	76.6%
Unemployed	6.2%	5.9%	5.6%	5.3%
Median Household Income <sup>1</sup>	\$50,915	\$56,807	\$55,660	\$62,843
Per Capita Income	\$28,022	\$29,335	\$31,619	\$34,103
<b>Commuting Patterns</b>				
Total Employed Population	127,161	205,749	9,442,957	151,286,366
Mean Commute Time (minutes)	22.6	25.1	27.8	26.9
Commute via Public Transportation	0.6%	0.4%	1.8%	5.0%
Worked in Region of Residence	89.0%	86.2%	98.7%	N/A
Worked Outside Region of Residence	11.0%	13.8%	1.3%	N/A
Worked in State of Residence	95.2%	95.2%	98.7%	96.3%
Worked Outside State of Residence	4.8%	4.8%	1.3%	3.7%
In-Commuters	34,978	16,440	69,476	N/A
Out-of-State In-Commuters	5,659	7,228	69,476	N/A
Net Commuting	21,024	-11,884	-54,739	N/A
<b>Union Membership</b>				
Total <sup>2</sup>	5.8%	5.9%	6.3%	10.8%
Private Sector <sup>2</sup>	2.4%	2.4%	3.2%	6.4%
Manufacturing <sup>2</sup>	3.1%	3.1%	3.1%	8.4%
Public Sector <sup>2</sup>	25.0%	24.9%	28.0%	35.5%

1. Median values for certain aggregate regions (such as MSAs) may be estimated as the weighted averages of the median values from composing counties

2. 2020; Current Population Survey, unionstats.com, and Chmura; county- and zip-level data are best estimates based upon industry-, MSA-, and state-level data

When considering the labor force snapshot in Figure 2, several points stand out.

- While slightly lower than the national average, the labor force participation rate for those over 16 is higher than both the MSA and state. The prime age rate is slightly lower than the state and the nation. Compared to many other communities, a participation rate of 80 percent is considered near full employment, meaning workforce and education officials will need to identify untapped labor pools to meet employer needs.
- Given the region’s military installations, it is important to consider veterans, exiting military and armed forces labor. The county has a sizable armed forces labor pool at 3.6 percent and veterans make up more than 10 percent. However, the participation rate for veterans ages 18-64 is lower than the MSA, state and nation.
- A significant majority of residents work in the county – nearly 90 percent, commuting an average of 23 minutes.
- Union rates across all sectors are lower than state and national averages, allowing companies to become employers of choice if they offer competitive wages and benefits.

**FIGURE 3: EDUCATION SNAPSHOT**

	Escambia County	Pensacola-Ferry Pass-Brent, FL MSA	Florida	USA
<b>Educational Attainment, Age 25-64</b>				
No High School Diploma	8.8%	8.6%	10.7%	10.9%
High School Graduate	25.8%	25.4%	27.9%	25.7%
Some College, No Degree	24.9%	24.7%	20.1%	20.7%
Associate's Degree	13.3%	13.9%	10.9%	9.1%
Bachelor's Degree	18.0%	18.4%	20.0%	21.2%
Postgraduate Degree	9.0%	9.1%	10.4%	12.3%
<b>K-12 Characteristics</b>				
Total Enrollment <sup>1</sup>	38,465	66,235	2,791,707	49,356,945
Total Teachers (FTE) <sup>1,3</sup>	2,355	3,935	161,413	3,195,542
Pupil/Teacher Ratio <sup>1,3</sup>	16.3	16.9	17.3	15.4
Spending Per Pupil <sup>2</sup>	\$9,138	\$9,067	\$9,986	\$13,210

1. National Center for Education Statistics, 2020-21, based on data for reported units.

2. National Center for Education Statistics, 2018-19, based on data for reported units.

3. National data is the aggregate of each state's most recently available data

- In looking at educational attainment of the workforce, the county has a high percentage of the population with an associate’s degree or higher with 40.3 percent at the county level compared to 41.4 percent in the MSA, 41.3 percent in the state and 42.6 percent in the nation.
- In addition, teacher ratios and spending per pupil are also closely aligned with the comparison areas. Demonstrating programmatic and academic achievement within the public-school systems will also need to be a critical component in selling the county to potential employers.

**FIGURE 4: HOUSING & SOCIAL MARKERS SNAPSHOT**

	Escambia County	Pensacola-Ferry Pass-Brent, FL MSA	Florida	USA
<b>Housing</b>				
Total Housing Units	141,355	213,004	9,448,159	137,428,986
Median House Value (of owner-occupied units) <sup>1</sup>	\$146,200	\$167,033	\$215,300	\$217,500
Homeowner Vacancy	2.1%	2.0%	2.3%	1.6%
Rental Vacancy	11.4%	10.8%	8.4%	6.0%
Renter-Occupied Housing Units (% of Occupied Units)	38.0%	33.1%	34.6%	36.0%
Occupied Housing Units with No Vehicle Available (% of Occupied Units)	6.0%	4.9%	6.3%	8.6%
<b>Social</b>				
Poverty Level (of all people)	14.0%	12.4%	14.0%	13.4%
Households Receiving Food Stamps SNAP	14.1%	12.7%	13.6%	11.7%
Disconnected Youth <sup>2</sup>	1.9%	1.9%	2.9%	2.5%
Children in Single Parent Families (% of all children)	43.0%	37.7%	39.0%	34.1%
Uninsured	10.3%	10.0%	12.8%	8.8%
With a Disability, Age 18-64	13.5%	13.4%	10.0%	10.3%
With a Disability, Age 18-64, Labor Force Participation Rate and Size	36.9%	36.9%	39.2%	42.2%
Foreign Born	5.1%	5.0%	20.7%	13.6%
Speak English Less Than Very Well (population 5 yrs and over)	2.7%	2.3%	11.9%	8.4%

1. Median values for certain aggregate regions (such as MSAs) may be estimated as the weighted averages of the median values from composing counties.

2. Disconnected youth are 16-19 years old who are (1) not in school, (2) not high school graduates, and (3) either unemployed or not in the labor force.

Today's economic environment as a result of the pandemic has created a series of social disruptions from supply chain challenges, skyrocketing housing costs, record inflation and childcare shortages. Each impacts the workforce and the ability to retain employees. In looking at the housing and social indicators:

- Escambia County has slightly higher poverty rates and households receiving food stamps than the nation at 14 percent and 14.1 percent, respectively.
- Children in single parent families is also considerably higher than the comparison regions at 43 percent. As employers look to attract more people to the workforce, taking the challenges single parents face such as school times and daycare shortages into consideration will be important to retain employees.

# THE DISCOVERY PROCESS

## Stakeholder Key Findings »

**In Your Words** – VisionFirst interviewed more than 55 stakeholders over several days with elected officials, existing business leaders, entrepreneurs, young professionals and community members.

Every stakeholder meeting produced productive dialogue about the county's future, identifying both critical issues and attainable opportunities. The interviews sought to gather candid observations, feedback and ideas from the community to help direct focus and prioritize our analysis.

During the conversations, VisionFirst sought answers to questions centered on such topics as:

- What is the definition of economic development for Escambia County?
- What are the barriers to success?
- Who are the partners for the county's economic development efforts?
- What belongs to the FloridaWest?
- What does success look like for FloridaWest and economic development overall over the next five years?
- How will the organization measure success?

Through synthesis, VisionFirst identified the strongest themes, insights and supporting details to use in analysis and ideation of goals and tactics.

Key findings from the meetings are presented in aggregate on the following pages and have been grouped by the main themes that resulted from the stakeholder conversations. Although the meetings focused on FloridaWest and its role in leading local economic development, the discussion also covered the needs in the broader community.

**The comments listed are a sampling of the meeting outcomes from local leaders and do not reflect VisionFirst's opinion.**

## INNOVATION LED ECONOMIC DEVELOPMENT //

- "Programs rich, systems poor."
- It is difficult to navigate the resources available both at the industry level and the entrepreneurial level.
- There is an opportunity to better grow local businesses using innovative and entrepreneurial resources in the community.
- Questions exist around targeting cybersecurity and if the industry is truly a fit for the community without additional resources such as Sensitive Compartmented Information Facility (SCIF) space.
- There is a need to better leverage organizations to create a holistic ecosystem to foster and facilitate innovation.

## **EDUCATIONAL PROGRAMMING //**

- The changes in the administration of the school system with an appointed superintendent offer promise, but stakeholders are anxious to see the results.
- There is a need for more rapid credentialing as well as a satellite campus that is closer to targeted populations.
- The George Stone location is not centralized near the populations and employers that need it and would benefit from a satellite campus location.
- Facilitating the creation of skilled trade interns would be helpful to employers.
- There are limited craftsman programs and employers would like to see National Center for Construction Education and Research (NCCER) certifications.
- There is awareness of the career academies in the school systems, but stakeholders are unsure of the results or success of the programs.
- Area higher educational partners are willing to be more engaged in economic development efforts and could be utilized more.

## **INVESTMENT IN PRODUCT //**

- FloridaWest and the community have invested heavily in product in both the tech park as well as The Bluffs, and some stakeholders are concerned about the lack of projects in both.
- There has been legislative support for investments in infrastructure at The Bluffs but there is a greater need.
- There is a desire by residents for more retail, recreational amenities and housing growth that are limiting the ability to locate industry at OLF-8.
- There is little product for manufacturing projects especially considering the ample sites in the surrounding region in both Florida and Alabama.

## **ENTREPRENEURIAL FOCUS //**

- The community has launched several efforts to support entrepreneurs at all levels with incubators, co-working spaces and programs, but many believe there are still gaps.
- There are opportunities for greater entrepreneurial support in minority communities.
- Industry recruitment and entrepreneurial support should not be mutually exclusive.
- The attractiveness of Pensacola has increased, and more emphasis should be placed on selling the community to entrepreneurs and remote workers.

## **GREATER ORGANIZATIONAL CAPACITY //**

- Each organization has its own vision and plan when it comes to small business and growth which has led to siloed efforts.
- The splintering of organizations and efforts has caused some confusion as to who is taking the lead on initiatives such as cybersecurity, entrepreneurship and workforce development.
- Stakeholders want to see FloridaWest take a more diversified approach to economic development.
- FloridaWest should advocate for quality of place components and market it to businesses.

# SWOT ANALYSIS

Based on the conversations with stakeholders along with labor and industry research, VisionFirst identified the community's strengths, weaknesses, opportunities and threats regarding economic development efforts as well as the area's competitiveness overall. This analysis relied on qualitative input as well as industry knowledge.

**FIGURE 5: SWOT ANALYSIS**

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"><li>• Interested and engaged stakeholders</li><li>• Belief in the value of job creation projects</li><li>• Strong commitment to building innovation and entrepreneurship</li><li>• Robust existing industry community</li><li>• Exiting military talent and career academies</li><li>• Regional value to companies</li></ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"><li>• “Programs rich, systems poor”</li><li>• Lack of coordination between community entities</li><li>• Limited ability to influence military contracts/spending</li><li>• Questions surrounding the K-12 system</li><li>• Workforce housing and rising costs</li><li>• Need more infrastructure in the limited product available</li></ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"><li>• Downtown revitalization to attract new workforce</li><li>• Remote workers - especially with exiting military and trailing spouses</li><li>• Align programs with meaningful metrics to define success</li><li>• Innovation-led industry and deployment of AI technologies</li><li>• PEDC structure is underutilized</li><li>• Emerging cluster of cyber security businesses</li></ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"><li>• Lack of product and public options on product</li><li>• Alignment of organization with strategy</li><li>• Belief that winning competitive projects must be the central part of the strategy</li><li>• Organization is heavily reliant on public funding</li><li>• Limited capital investment back into the community by existing industry</li></ul>

## STRATEGIC GOALS

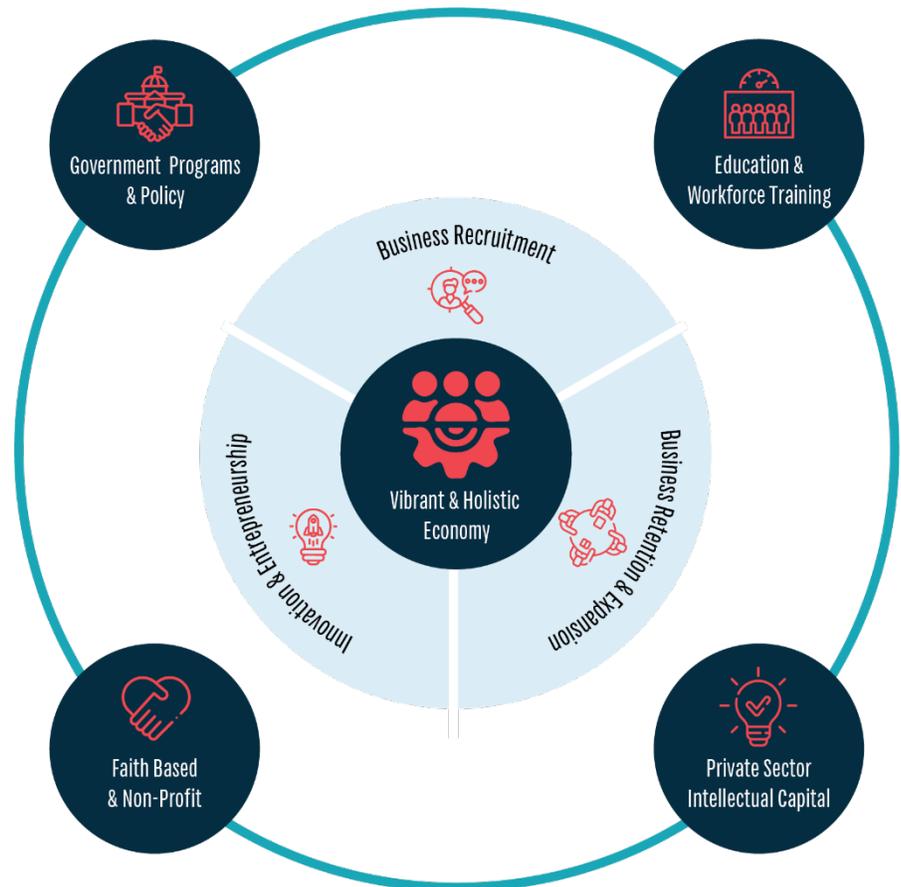
The plan's goals, rationale and approaches are designed to build connectivity among stakeholders and guide the trajectory of economic development and community success. It builds upon previous plans and actions taken by FloridaWest. Each goal aims to serve as a road map to move the organization forward in addressing the opportunities and challenges of economic development in the county, region and state.

In addition, VisionFirst reviewed FloridaWest's current organizational structure to assess effectiveness in aligning assets, talent and resources to be competitive for jobs and investment compared to the needs and priorities of the county.

The three goals are supported by its own rationale and approaches.

1. **Business Recruitment:** Develop a systematic approach to business development and recruitment that aligns with industry assets, intellectual capital and existing product.
2. **Business Retention & Expansion:** Refine and deliver a robust BR&E program that is built upon ongoing customer feedback, market intelligence and data, leading to an existing industry base that continually invests in the location and its workforce.
3. **Innovation & Entrepreneurship:** Facilitate programmatic solutions that support innovation and entrepreneurship utilizing existing spaces, programs, partners and initiatives.

With each of the strategic goals is the need for coordination between FloridaWest and its community partners. A cross-cutting strategy along all three strategic goals is **Strengthened Organizational Capacity.**



## GOALS, RATIONALE & APPROACHES

### PREPARE, PURSUE & PARTNER //

In developing the goals and approaches, they have been segmented into three categories – prepare, pursue and partner.

- **Prepare** represents the foundational items that need to be aligned before outreach and engagement.
- **Pursue** represents the tools and partners needed to be successful in achieving the desired outcomes.
- **Partner** represents the entities FloridaWest should coordinate with to eliminate silos and create transformations.

### Goal 1: Business Recruitment »

*Develop a systematic approach to business development and recruitment that aligns with industry assets, intellectual capital and existing product.*

### RATIONALE //

A foundational pillar of FloridaWest's activities is the recruitment of new companies, jobs and capital investment in the county. While business recruitment strategies and the partners involved may vary widely from one location to the next, the main tenants of any recruitment approach remain the same. A community must know its product, that product must be relentlessly marketed, and the community must deliver a sales-focused, customer-centric approach.

However, the pandemic changed the way businesses approach site selection. From supply chain to talent evaluation, there is significant uncertainty affecting the deployment of capital. While access to talent and speed to market remain consistent drivers to the process, risk or perhaps even more important, perceived risk of a project location, is often the measuring stick between competitive locations.

In addition, access to information on sites, products and assets must be readily available for prospective companies. This means more options are being considered and those regions that are not laser focused will be less competitive. Therefore, a clearly defined business recruitment strategy centered around the community's target industries and assets is critical for Escambia County to win competitive project locations.

## APPROACHES //

Considering FloridaWest’s targeted industries and assets, business recruitment approaches are categorized by sectors: Information Technology & Cyber Security, Aerospace & Defense and Heavy Manufacturing & Chemicals.



### Information Technology & Cybersecurity Approaches Snapshot

PREPARE		
<b>Existing Assets &amp; Resources</b> <ul style="list-style-type: none"> <li>– Create industry roundtables</li> <li>– Create a regional federal procurement initiative</li> <li>– Engage Florida congressional delegation to advocate for the community</li> </ul>	<b>Product</b> <ul style="list-style-type: none"> <li>– Pursue development of office space at Corry Station</li> <li>– Develop a strategy for creating a SCIF</li> <li>– Explore federal funding opportunities to develop the Tech Park</li> <li>– Ensure local control or options for available product</li> </ul>	<b>Talent</b> <ul style="list-style-type: none"> <li>– Expand educational cyber and coding programs</li> <li>– Leverage federal digital literacy funding to target minority populations</li> <li>– Advocate for a workforce program to assist exiting military</li> <li>– Enhance communications by developing a schedule for discussion with participants of ITEN Wired about regional talent recruitment opportunities</li> </ul>
PURSUE		
<b>Innovation</b> <ul style="list-style-type: none"> <li>– Partner with UWF and military partners to identify opportunities for innovative solutions through procurement opportunities</li> <li>– Engage Navy Federal Credit Union to identify opportunities to design creative programs in the fintech sector that utilize cybersecurity skills and companies</li> <li>– Continue to engage Northwest Florida’s legislative leadership to secure a cybersecurity center to support the Florida Digital Service in the Department of Management Services</li> </ul>	<b>Marketing</b> <ul style="list-style-type: none"> <li>– Create a marketing initiative to lure talent from high-cost locations</li> <li>– Create marketing materials that highlight the number of graduates that stay in the community</li> <li>– Redesign the Cyber Coast website</li> <li>– Develop an online resource guide that provides inventories of assets to support the industry and current job openings in the industry to the region</li> <li>– Enhance communication and outreach about the opportunity for IT/cybersecurity companies to use Co:Lab to transition into the region</li> </ul>	
PARTNER		
PEDC, University of West Florida, Institute of Human and Machine Cognition, Pensacola State College, Triumph Board, Existing Industry, Congressional Delegation, Military Base Leadership, First Place Partners, Chamber of Commerce, State Legislative Delegation, Florida’s Great Northwest, CareerSource		

The Information Technology and Cybersecurity sector remains a prime target for job creation and capital investment. In October 2017, a report called [A Cybersecurity Strategic Plan for Pensacola](#) was produced for FloridaWest with a goals and strategies matrix. While much of this plan is being implemented, stakeholders have no regular communication about the activities, progress and success of the efforts being undertaken. In considering how to best approach the industry over the next three to five years, a priority should be placed on developing a collaborative approach, focused on the intended audiences utilizing proactive outreach.

## **PREPARE: EXISTING ASSETS & RESOURCES**

- Foster information sharing by companies within the existing cybersecurity cluster. Currently, FloridaWest supports this through an informal gathering coordinated by its consultant. To supplement these conversations, a formal regional effort should be developed utilizing roundtable discussions. The focus of conversation should be the needs of the cluster and procurement opportunities.
- Create a regional procurement initiative to increase the opportunities for regional IT and cybersecurity firms to participate in federal initiatives and compete for procurement opportunities.
- Engage Florida congressional delegation in the discussion by coordinating regional trips to Washington, D.C. to advocate for opportunities and enhance missions in Northwest Florida.

## **PREPARE: PRODUCT**

- Pursue the feasibility of adding office space near Corry Station for cybersecurity companies.
- Devise a strategy to provide access to a Sensitive Compartmented Information Facility (SCIF) in the region.
- Aggressively explore federal funding opportunities to utilize the Tech Park for supporting the cluster. **Best Practice:** [Maryland Opportunity Zone Enhancement Program for cybersecurity companies.](#)
- For new and existing product, ensure that FloridaWest has local control or options to mitigate risk and timelines for prospects.

## **PREPARE: TALENT**

- Expand cyber programs in middle schools and high schools in the county along with UWF's cyber summer camp program as well as into higher education, creating a visible education ladder. Ensure outreach is placed on developing coding skills in students, specifically those in underserved and underrepresented populations. **Best Practice:** [CyberNYC](#)
- Leverage federal digital literacy funding to target minority populations to help expand existing cyber programs.
- Advocate for a workforce program to assist exiting military members who may already have certifications and security clearances to transition to the civilian cyber workforce. Explore using the [DOD SkillBridge](#) program.
- Enhance communications by developing a schedule for discussion with participants of ITEN Wired about regional talent recruitment opportunities in the industry.

## **PURSUE: INNOVATION**

- Connect with UWF and military partners to identify opportunities for innovative solutions through procurement opportunities.
- Engage Navy Federal Credit Union to identify opportunities to design creative programs in the Fintech sector that utilize cybersecurity skills and companies in the region.

- Continue to engage Northwest Florida’s legislative leadership to secure a cybersecurity center to support Florida Digital Service in the State of Florida Department of Management Services.

**PURSUE:** MARKETING & COMMUNICATIONS

- Create a marketing initiative in cooperation with existing industry to target talent in high-cost locations that would consider moving to the region for a job in the sector.
- Communicate to prospective companies the number of graduates from UWF and PSC programs that accept employment in Escambia County or Northwest Florida in targeted marketing materials.
- Redesign the Cyber Coast website to align with targeted objectives specifically focus on the intended audience. **Best Practice:** [Cyber Huntsville, a Tennessee Valley Initiative](#)
- Develop an online resource guide that provides inventories of assets to support the industry and current job openings in the industry to the region.
- Enhance communication and outreach about the opportunity for IT/cybersecurity companies to use Co:Lab to transition into the region.

**PARTNER:**

- PEDC, University of West Florida, Institute of Human and Machine Cognition, Pensacola State College, Triumph Board, Existing Industry, Congressional Delegation, Military Base Leadership, First Place Partners, Chamber of Commerce, State Legislative Delegation, Florida’s Great Northwest, CareerSource, Escambia County Schools (Career Academies)



## Aerospace & Defense

### Approaches Snapshot

PREPARE		
<b>Existing Assets &amp; Resources</b> <ul style="list-style-type: none"> <li>– Maintain and expand relationships with large aerospace and defense companies</li> <li>– Identify opportunities to support the Air Force's KC-Y refueling tanker competition</li> </ul>	<b>Product</b> <ul style="list-style-type: none"> <li>– Promote sites within the 300 remaining acres at the airport</li> <li>– Expand investment in additional sites and buildings along I-10</li> <li>– Explore opportunities for light manufacturing defense projects at the OLF-8 site</li> <li>– Explore foreign direct investment opportunities and projects</li> </ul>	<b>Talent</b> <ul style="list-style-type: none"> <li>– Expand career pathway opportunities to MRO jobs in public school systems and colleges</li> <li>– Asset map the existing workforce programs for strengths and gaps</li> <li>– Leverage Governor's \$20 million in state funding for upskilling for veterans</li> </ul>
PURSUE		
<b>Innovation</b> <ul style="list-style-type: none"> <li>– Facilitate conversations with military assets regarding research laboratories</li> </ul>	<b>Marketing</b> <ul style="list-style-type: none"> <li>– Coordinate with Florida's Great Northwest to show the availability and skills of exiting military in the region</li> <li>– Partner with state veteran organizations along with workforce and business officials to host a regional veteran and military spouse career fair</li> <li>– Attend targeted conferences and events to promote the cluster</li> </ul>	
PARTNER		
PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), Triumph Board, Existing Industry, CareerSource, Congressional Delegation, Military Base Leadership, First Place Partners, Chamber of Commerce, State Legislative Delegation, Florida's Great Northwest, CareerSource		

Given the military presence in Escambia County and the region, Aerospace & Defense should be a primary targeted industry. Pensacola International Airport is home to ST Engineering, which operates a maintenance, repair and overhaul (MRO) facility on site while other companies such as Boeing, BAE Systems, Leonardo DRS and Vertex Aerospace have significant investment in Northwest Florida. Within proximity to Pensacola are four others in the top 10 in revenue growth for aerospace and defense companies in 2021: Raytheon, Airbus, Northrop Grumman and Lockheed Martin, the largest defense employer in the state.<sup>1</sup> Escambia County's location on I-10 also makes the sector a desirable target with large defense companies and military assets along a 200 mile stretch from Walton County, Florida to Harrison County, Mississippi.

#### **PREPARE: EXISTING ASSETS & RESOURCES**

- Maintain and expand relationships with large aerospace and defense companies in the region and state. As the commercial aviation sector grows along with the increased demand for newer more efficient aircraft, the Airbus facility in Mobile offers supplier opportunities surrounding the A320 and A220 series aircraft for the Pensacola region.

<sup>1</sup> [2022 PwC's Global Aerospace and Defense: Annual Industry Performance and Outlook](#)

- Identify opportunities to support the Air Force's KC-Y refueling tanker competition. Lockheed Martin is partnering with Airbus to provide an aircraft version built from a modified A330 which will provide additional opportunities in the Mobile market.

#### **PREPARE: PRODUCT**

- Promote sites within the 300 remaining acres at Pensacola International Airport specifically to aerospace and defense companies, highlighting the assets that position the area above other locations.
- Expand investment in additional sites and buildings along I-10 to attract the sector.
- Explore opportunities for light manufacturing defense projects at the OLF-8 site such as drones, navigation systems, satellites, etc.
- Explore foreign direct investment opportunities and projects with companies like Israel Aerospace Industries.

#### **PREPARE: TALENT**

- Expand career pathway opportunities to MRO jobs in public school systems and colleges. Advocate for the development of trailing locations throughout the county to eliminate transportation barriers to programs.
- Asset map the existing workforce programs for strengths and gaps in programs and trainings to support retention and expansion.
- Leverage the Governor's [\\$20 million in state funding](#) for upskilling for veterans and support aviation, aerospace and defense industries.

#### **PURSUE: INNOVATION**

- Facilitate conversations with military assets regarding research laboratories such as the [US Naval Research Laboratory](#) and [AFWERX](#) to explore opportunities for partnerships and events around remote sensing, space science, ocean sciences and more.

#### **PURSUE: MARKETING & COMMUNICATIONS**

- Coordinate with Florida's Great Northwest to create detailed reports to show the availability and skills of exiting military in the region.
- Partner with state veteran organizations along with workforce and business officials to host a regional veteran and military spouse career fair. **Best Practice:** [Fairfax County Economic Development Authority](#)
- Attend targeted conferences and events to promote Escambia County's aviation and defense cluster and associated assets and sites with a goal of at least two each year.

#### **PARTNER:**

- PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), Triumph Board, Existing Industry, CareerSource, Congressional Delegation, Military Base Leadership, First Place Partners, Chamber of Commerce, State Legislative Delegation, Florida's Great Northwest, CareerSource



## Manufacturing & Chemical Approaches Snapshot

PREPARE		
<b>Existing Assets &amp; Resources</b> <ul style="list-style-type: none"> <li>Identify and target industry sectors that are large users of water in a process such as painting/coatings, electrical components and agricultural chemical</li> <li>Identify companies for onshoring opportunities including the chemical industry and rubber manufacturing sector</li> </ul>	<b>Product</b> <ul style="list-style-type: none"> <li>Target a high-water user for location at The Bluffs</li> <li>Create a working group to develop a more formal commitment letter or agreement to terms of sale of property within The Bluffs to a prospective company</li> <li>Develop budget for masterplan of the park and routinely monitor with FloridaWest and PEDC boards</li> </ul>	<b>Talent</b> <ul style="list-style-type: none"> <li>Coordinate with training providers about creating programs that could be located on site and could supplement employer specific efforts</li> <li>Conduct a wage survey comparing local and national averages to facilitate a meaningful conversation about wages and benefits in today's workforce</li> <li>Encourage employment outreach events that would increase the number of women in manufacturing</li> </ul>
PURSUE		
<b>Innovation</b> <ul style="list-style-type: none"> <li>Explore opportunities for targeted niche recruitment around chemical manufacturing and the automotive industry</li> <li>Explore opportunities to co-locate research and development activities of existing industry with educational partners such as UWF and FSU</li> </ul>	<b>Marketing</b> <ul style="list-style-type: none"> <li>Highlight and illustrate the chemical manufacturing cluster in Escambia County along with talent metrics and information about The Bluffs in targeted marketing campaign to key site selectors</li> </ul>	
PARTNER		
PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), Triumph Board, CareerSource, Existing Industry, First Place Partners, Chamber of Commerce, State Legislative Delegation, Florida's Great Northwest, CareerSource		

Chemical products are essential to the production of a myriad of manufacturing goods and supply chains. According to the Office of Energy Efficiency & Renewable Energy, more than 96 percent of all manufactured goods are directly touched by the chemicals industry. Given that most production of basic chemicals is concentrated along the Gulf Coast, where petroleum and natural gas feedstocks are available in refineries, FloridaWest has the opportunity for additional expansion in the industry given its existing cluster and the potential for location within The Bluffs.

### PREPARE: EXISTING ASSETS & RESOURCES

- Identify and target industry sectors that are large users of water in a process such as painting/coatings, electrical components and agricultural chemical.
- Identify companies for onshoring opportunities including the chemical industry (NAICS 325) and rubber manufacturing sector (NAICS 326).<sup>2</sup>

<sup>2</sup> [Key Trends to Impact the Chemical Enterprise in the Near Future](#)

## **PREPARE: PRODUCT**

- Target a high-water user for location at The Bluffs as one of the owner restrictions of the site is the requirement to be a significant user of effluent water with a current excess capacity of four million gallons per day.
- Create a working group to develop a more formal commitment letter or agreement to terms of sale of property within The Bluffs to a prospective company.
- Develop budget for masterplan of the park and routinely monitor with FloridaWest and PEDC boards.

## **PREPARE: TALENT**

- Coordinate with training providers about creating programs that could be located on site and could supplement employer specific efforts. In conversations with existing industry, the discussions centered around the same national trends many employers are seeing with labor shortages and high turnover.
- Conduct a wage survey comparing local and national averages to facilitate a meaningful conversation about wages and benefits in today's workforce.
- Encourage the development of employment outreach events that would increase the number of women in manufacturing. According to the 2020 Women in Manufacturing Benchmark Study, women constitute one of the U.S. manufacturing industry's largest pools of untapped talent. **Best Practice:** [West Virginia Women Work](#)

## **PURSUE: INNOVATION**

- Explore opportunities for targeted niche recruitment around chemical manufacturing and the automotive industry. According to the American Chemistry Chemical, light vehicles are an important end-use market for chemistry, with over \$3,200 in chemistry per vehicle.<sup>3</sup>
- Explore opportunities to co-locate research and development activities of existing industry with educational partners such as UWF and FSU.

## **PURSUE: MARKETING & COMMUNICATIONS**

- Highlight and illustrate the chemical manufacturing cluster in Escambia County along with talent metrics and information about The Bluffs in targeted marketing campaign to key site selectors. Utilize print, digital media and personal outreach.

## **PARTNER:**

- PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), Triumph Board, CareerSource, Existing Industry, First Place Partners, Chamber of Commerce, State Legislative Delegation, Florida's Great Northwest, CareerSource

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<sup>3</sup> [American Chemistry Council](#)

## Goal 2: Business Retention & Expansion »

*Refine and deliver a robust business retention and expansion (BR&E) program that is built upon ongoing customer feedback, market intelligence and data, leading to an existing industry base that continually invests in the location and its workforce.*

### RATIONALE //

The health of a community's existing industry has long been a leading indicator of the overall state of that local economy. If local businesses are growing, the economy will soon follow suit. Increased existing industry outreach, at its core, will invariably lead to three main benefits:

1. **Business Intelligence.** FloridaWest will become aware of issues and obstacles early in its relationship with the company, allowing time to address any challenges. The same can be said of opportunities for growth.
2. **Community Evaluation.** Valuable information related to business climate and labor supply will be provided. For example, a company's struggles can help provide a roadmap for Escambia County to remain competitive in the market.
3. **Location Marketing.** FloridaWest will establish positive relationships with local company officials and will create community business ambassadors to a host of potential prospects augmenting FloridaWest's limited staff.

At the end of a successful BR&E strategy is an improved business climate for the existing industry. Their challenges become the community's challenges, but so do their opportunities. Not every company they are competing with in the market has that kind of support structure in the local community. Having local leadership engaged will ultimately help to make the company become more competitive in its own industry.

## APPROACHES //



### Business Retention & Expansion Approaches Snapshot

PREPARE		
<b>Existing Assets &amp; Resources</b> <ul style="list-style-type: none"> <li>– Conduct one-on-one visits with businesses utilizing a survey tool to focus on the needs of the company and its employees</li> <li>– Analyze all data and develop action plans to define the priorities for existing business</li> <li>– Host employer roundtable with agendas designed to maximize dialogue leading to specific action items</li> <li>– Create monthly confidential forum for key leadership of major employers to create information exchanges on key topics</li> </ul>	<b>Product</b> <ul style="list-style-type: none"> <li>– Utilize existing industry visits to understand and identify product to facilitate expansion and continued site investment</li> <li>– Develop a comprehensive product inventory and assessment related to current industry needs that can facilitate expansion opportunities</li> </ul>	<b>Talent</b> <ul style="list-style-type: none"> <li>– Serve as an employee and talent liaison and advocate</li> <li>– Partner with entities to identify pockets of untapped talent in the community including veterans, displaced homemakers, formerly incarcerated and people with special needs</li> </ul>
PURSUE		
<b>Marketing</b> <ul style="list-style-type: none"> <li>– Celebrate the importance of manufacturing to the region through an existing appreciation event annually. Release a scorecard at the event highlighting payroll, private investment and fiscal impact the employers contribute to the region.</li> <li>– Establish an Existing Industry Committee of the board to focus on supporting the needs of existing companies in the targeted sectors within the county.</li> </ul>		
PARTNER		
PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), Achieve Escambia, CareerSource, Existing Industry, Department of Veteran's Affairs, Local Law Enforcement, Agency for Persons with Disabilities, First Place Partners, Chamber of Commerce, State Legislative Delegation, Gulf Coast Minority Chamber of Commerce		

#### PREPARE: EXISTING ASSETS & RESOURCES

- Conduct 50 annual one-on-one visits with businesses utilizing a survey tool to focus on the needs of the company and its employees. Identify and address companies at risk and potential expansion opportunities. It must be designed to elicit honest feedback that can be used to help both the company and the community. The results of the survey will be confidential and analyzed only by the FloridaWest. All results should be recorded in the CRM system leading to a database of business intelligence.
- Analyze all data and develop action plans to define the priorities as it relates to existing business. Allocate resources to address concerns.
- Host employer roundtable with agendas designed to maximize dialogue leading to specific action items that provide long term value to participants. Consider breaking the events into CEO, plant manager and human resource professional sessions to provide maximum coordination and information flow.

- Create monthly confidential forum for key leadership of major employers to create information exchanges on topics such as workforce training, hurricane preparedness, COVID-19 recovery, tax changes, etc.

**PREPARE: PRODUCT**

- Utilize existing industry visits to understand and identify product to facilitate expansion and continued site investment.
- Develop a comprehensive product inventory and assessment related to current industry needs that can facilitate expansion opportunities.

**PREPARE: TALENT**

- Serve as an employee and talent liaison and advocate to develop training programs and address training concerns.
- Partner with the Florida Department of Veteran’s Affairs, local law enforcement and CareerSource to identify pockets of untapped talent in the community including veterans, displaced homemakers, formerly incarcerated and people with special needs. By focusing efforts on smaller segments of the population, tactics can be more specific, correspond more with the audience’s needs and more effectively remove barriers to entry while supporting existing industry and their changing employee needs.

**PURSUE: MARKETING & COMMUNICATIONS**

- Celebrate the importance of manufacturing to the region through an existing appreciation event annually. Release a scorecard at the event highlighting payroll, private investment and fiscal impact the employers contribute to the region.
- Establish an Existing Industry Committee of the board to focus on supporting the needs of existing companies in the targeted sectors within the county.

**PARTNER:**

- PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), CareerSource, Existing Industry, Department of Veteran’s Affairs, Local Law Enforcement, Agency for Persons with Disabilities, First Place Partners, Chamber of Commerce, State Legislative Delegation, Gulf Coast Minority Chamber of Commerce

## Goal 3: Innovation & Entrepreneurship »

*Facilitate programmatic solutions that support innovation and entrepreneurship utilizing existing spaces, programs, partners and initiatives.*

### RATIONALE //

The city and the county have benefited greatly with the efforts of the Studer Community Institute and other private investors creating an entrepreneurial culture for downtown. With that success several programs have been developed to support business formation from idea to start-up. While successful, there remains a disconnect to how a person with an idea can enter the system and utilize the resources available. **FloridaWest's role in fostering this ecosystem is threefold:**

- 1. Facilitate the continued ecosystem for business formation,**
- 2. Drive innovation to support target industries and**
- 3. Recruit talent through remote work**

### Entrepreneurship

Pensacola and Escambia County have an abundance of programs and resources to support the entrepreneur; however, stakeholder interviews revealed confusion on when and where someone would engage in the system.

**FloridaWest should champion the current entrepreneurship structure and articulate the value of a culture of business formation.** Government plays a tremendous role in start-up culture by providing clear pathways to obtaining permits, licenses and other regulatory requirements to do business there. The focus should be building a clear understanding of what is required and approval timeline when all documentation is provided. The biggest barrier to private capital is risk. Without clear pathways, the amount of risk to a startup is enhanced.

### Innovation

**FloridaWest can support its targeted industries of cybersecurity, aerospace & defense and advanced manufacturing through focused innovation initiatives.**

As mentioned earlier in the plan, federal procurement and increasing military readiness programs are central to success. This also provides an opportunity to encourage startup innovation to support not only the information technology and cybersecurity sectors but others as well. FloridaWest should proactively seek federal designations such as hub zones and opportunity zones to entice investment in this sector.

Another critical component of this strategy is engaging Florida's congressional delegation in seeking federal opportunities as it relates to supply chain and national security needs. With increased US Department of Defense and NATO funding, Escambia County is well positioned to take advantage of these efforts.

## APPROACHES //



### Innovation & Entrepreneurship Approaches Snapshot

PREPARE		
<b>Existing Assets &amp; Resources</b> <ul style="list-style-type: none"> <li>Expand the asset map of the entrepreneurial resources that demonstrate entry points and a timeline for use</li> </ul>	<b>Product</b> <ul style="list-style-type: none"> <li>Form a coalition to conduct an asset/product review as it relates to entrepreneurial endeavors and identify where opportunities and challenges exist</li> </ul>	<b>Talent</b> <ul style="list-style-type: none"> <li>Explore a remote worker incentive program</li> </ul>
PURSUE		
<b>Innovation</b> <ul style="list-style-type: none"> <li>Consider the development of a local innovation zone that would leverage community assets such as the redevelopment of the former Baptist Hospital campus</li> </ul>	<b>Marketing</b> <ul style="list-style-type: none"> <li>Update marketing tools to specifically target remote workers for skills needed to support its targets and existing industries</li> </ul>	
PARTNER		
PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), CareerSource, First Place Partners, Chamber of Commerce, State Legislative Delegation, Baptist Health, The Spring, Studer Community Institute, Small Business Development Center, Pensacola Young Professionals, Non-Profit Sector, Gulf Coast Minority Chamber of Commerce		

#### PREPARE: EXISTING ASSETS & RESOURCES

- Expand the asset map of the entrepreneurial resources that demonstrate entry points and a timeline for use. Each partner within the ecosystem should utilize the same asset map as potential investors, entrepreneurs and existing small businesses may enter the system from a variety of points. [The Spring](#) has a strong asset map already in place but could be expanded to include links to partner websites. The map should also include the very early entry point when an idea is just forming – be it a small market driven business or innovative start-up.

#### PREPARE: PRODUCT

- Form a coalition to conduct an asset/product review as it relates to entrepreneurial endeavors and identify where opportunities and challenges exist. The group should meet at least twice a year with an action-based agenda and a timeline for deliverables.

#### PREPARE: TALENT

- Explore a remote worker incentive program. According to a recent report by the Florida Department of Economic Opportunity, the three key county characteristics identified to incentivize remote workers to relocate include having a nearby metropolitan area close to the beach with high-speed internet, a cost of living lower than the national average and the need for population or labor force growth. Many remote workers that currently reside within Florida are located within counties that border either the Atlantic Ocean or the Gulf

of Mexico and where more than 90 percent of the county has high speed internet coverage of at least 100 megabits per second.<sup>4</sup> **Best Practice:** [Remote Shoals](#)

#### **PURSUE:** INNOVATION

- To increase economic opportunity in certain areas of the county, consider the development of a local innovation zone that would leverage community assets such as the redevelopment of the former Baptist Hospital campus. The zone should provide increased economic opportunity for underrepresented populations and focus on increased educational opportunities and entrepreneurship outreach. **Best Practice:** Although a state program, consider [Maryland's RISE Zone Program](#).

#### **PURSUE:** MARKETING & COMMUNICATIONS

- Update marketing tools to specifically target remote workers for skills needed to support its targets and existing industries. The COVID pandemic caused great disruption in the workforce and accelerated the trend of working from home. This has resulted in states like Florida benefiting from gains in migration of people and wealth where each remote worker is predicted to spend about \$31,850 annually towards various service industries and about \$15,990 in the durable and non-durable goods industries each year according to the DEO report. With an estimated 22.25 million residents as of April 1, Florida continues to see population increases equivalent to adding a city the size of Orlando each year, according to a recent state report.

#### **PARTNER**

- PEDC, University of West Florida, Pensacola State College, Escambia County Schools (CTE), CareerSource, First Place Partners, Chamber of Commerce, State Legislative Delegation, Baptist Health, The Spring, Studer Community Institute, Small Business Development Center, Pensacola Young Professionals, Non-Profit Sector, Gulf Coast Minority Chamber of Commerce

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<sup>4</sup> [Economic & Fiscal Effects of Remote Workers in Florida](#)

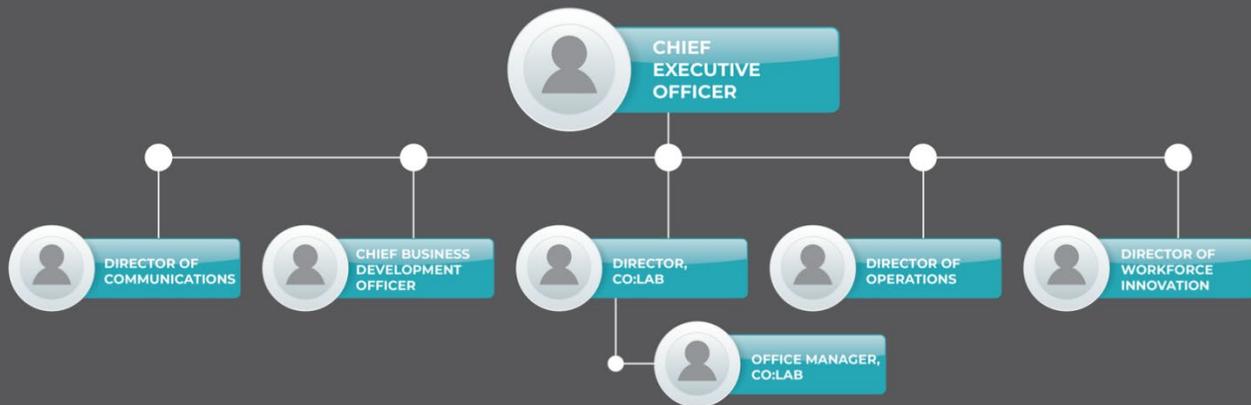
## CROSS-CUTTING: ORGANIZATIONAL CAPACITY

Establishing the strategic vision of an economic development organization is a critical step to its success. Understanding the world of possibilities and the strategies and tactics that will be required to realize that vision is paramount in FloridaWest’s ability to achieve the long-term goals of the organization. But even the most forward-thinking strategic plan or vision is utterly dependent on the organizations ability to execute at a high level and for an extended period.

In defining the goals and approaches necessary to continue to move FloridaWest forward, it was important to review the organization’s capacity to implement and execute the plan. To establish greater efficiencies of output, VisionFirst reviewed the organizational structure, hierarchy and internal processes. **It is important to note that this assessment considers only the position and not the individuals of the organization.** The review only seeks to determine what steps could be taken to improve output and not make judgments based on individual talents or acumen.

### Current Organizational Structure »

FIGURE 6: CURRENT ORGANIZATIONAL STRUCTURE



According to the 2014 articles of incorporation, FloridaWest is a 501(c)(6) not-profit whose central purpose is to promote industry and commerce, enhance the business climate and stimulate economic prosperity, support workforce development, promote community development and encourage political action.

The organization is governed by a board of directors with a combination of public and private funding and represents the economic interests of a county of more than 316,000 residents. Currently, FloridaWest has six full time employees responsible for fostering new business recruitment and existing industry retention along with workforce development and business formation. While on par with most economic development organizations in similar sized counties from a staffing standpoint, the current expectations of stakeholders place a premium on process efficiency.

## EXISTING POSITIONS

As discussed previously, the organization is currently expected to engage in a multitude of activities, either directly or indirectly associated with the mission of building, growing and sustaining the economic potential and prosperity of Northwest Florida.

The structure and operation have by all intents and purposes allowed the organization to excel in the completion of its mission objectives. The positions represent clearly defined roles and responsibilities capable of implementing the six overarching strategies established in the previous plan. This combined with a flat organizational structure promotes limited hierarchy/bureaucracy preventing potential operational challenges.

Even without significant changes to the structure, the organization would be able to continue to execute at an elevated level. But given recent departures along with the changing global landscape it is important to identify potential challenges and opportunities as it pertains to the FloridaWest structure.

## Operational Challenges »

### SILOED DIVISIONS

There are always a number of challenges that originate in how unique and specialized many economic development efforts can be from one division to the next. For example, the drivers that govern business recruitment activity do not always align with entrepreneurship efforts which can lead to a lack of communication between the divisions. This is exacerbated by remote working and multiple office locations. Conversely, one of the benefits of a traditionally flat organization is the sharing of information without hierarchical boundaries. Unfortunately, that advantage has not been realized to its fullest extent. **Foster an approach that uses weekly touch points to share approaches and brainstorm best practices across multiple platforms.**

### BUSINESS DEVELOPMENT CAPACITY

Currently, there is only one position responsible for new business recruitment and outreach. And while the existing industry outreach is shared among the team, a successful new business recruitment strategy cannot realize its full potential without being fundamentally intertwined with the local existing industry. Existing industry visits should be used to develop new business outreach and identify opportunities as well as challenges. One position responsible for these activities in a county the size of Escambia County is a challenge. That combined that with the demand to be “in market” to conduct successful lead generation leads to a capacity issue. **Repurpose existing positions to address business development capacity challenges.**

### ADMINISTRATIVE ASSISTANCE

As with any high performing organization, individuals tend to overcome obstacles to execution by increasing hours and output. While this is admirable, it is simply not sustainable. FloridaWest is in good company with this challenge. Rarely is there not some aspect to this in every economic development organization. But to move to where FloridaWest expects to be, steps must be taken to increase efficiency across the organization. From the CEO to the rest of the staff, there is no dedicated administrative function which means each position is responsible for increased efforts that take away from the focus of each position. **Add an administrative position that focuses on the entirety of the organization to increase the efficiency and effectiveness of every other position.**

#### OPERATIONAL REDUNDANCY

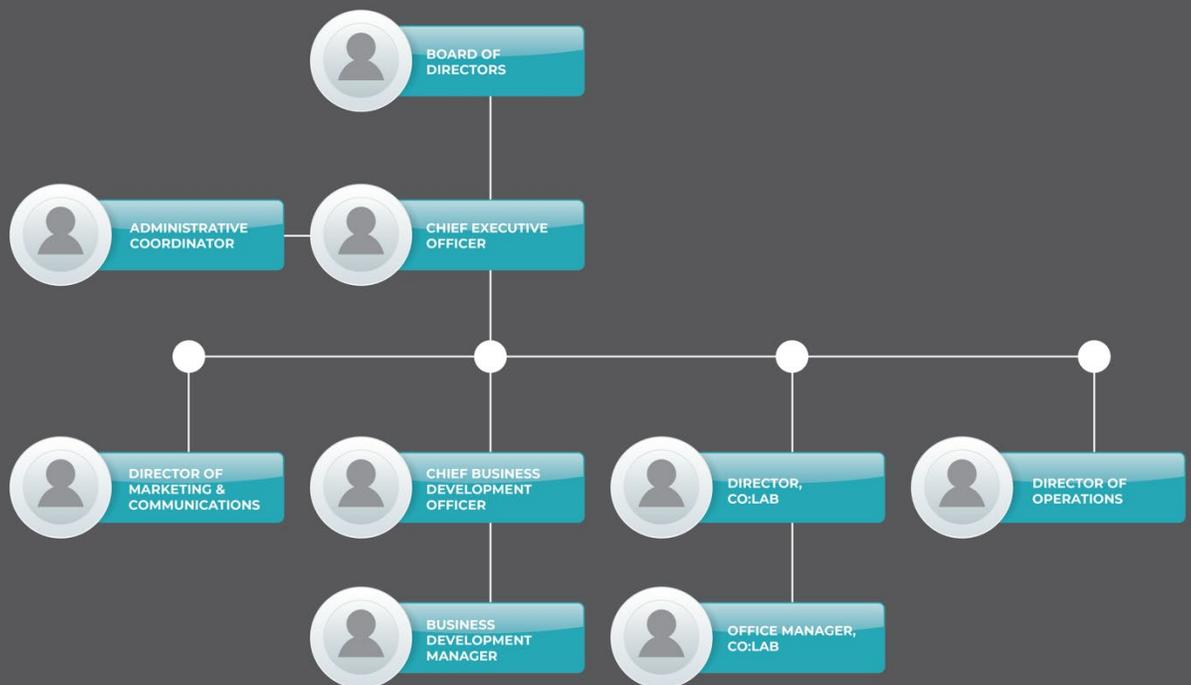
The adage “everything is economic development” is not only accurate, but it creates significant challenges for an organization like FloridaWest. When the mission speaks to fostering economic opportunities for Escambia County residents there is very little that would not fall into that category. But to be successful in its mission, distinctions must be made in what the organization will own and what it will facilitate. As mentioned in the goals, there are many stakeholders and partners in the region that must be utilized to provide extended capacity to the efforts outside of those that are owned specifically by the organization. As an example, workforce and talent are keys to almost every effort in successful economic development, but this cannot be an initiative Florida West owns as it requires direct partnership from workforce partners like CareerSource, Achieve Escambia along with the local school districts and technical centers for the region to be successful.

With local government partners, First Place Partners, Enterprise Florida and DEO, there is no shortage of stakeholders in the region and state. To take advantage of this FloridaWest must ensure their efforts are complimentary and not redundant. **Facilitate a retreat that develops a customer needs matrix for optimizing programs and initiatives while eliminating duplication of efforts.**

## Proposed Structure Changes »

To enhance the organization’s effectiveness, a revised structure is outlined below. This structure change is designed to provide additional capacity to meet the growing needs of the organization by providing much needed administrative capabilities across the organization and additional business development capacity as it relates to new business recruitment, existing industry outreach and talent coordination.

**FIGURE 7: REVISED ORGANIZATIONAL STRUCTURE**



## POSITIONS & RESPONSIBILITIES //

While not all reflected on the organizational chart above, the following positions would represent shifts in responsibilities and/or new positions that would help achieve the goals of the board as well as key community stakeholders. To facilitate operational enhancement, the board also has a role, therefore onboarding as well as annual training/brainstorming should take place. Recommendations are included later in this section.

**Chief Executive Officer:** A critical component to success is the ability of an economic development organization to articulate a vision. It serves as the North Star for the economic development efforts performed by government leaders, investors, stakeholders and employees of FloridaWest. Key to this messaging is the CEO's ability to develop and maintain relationships with community leaders. These relationships are used to share the vision and why FloridaWest is relevant to obtaining that vision. Building these relationships with stakeholders both in and out of market require significant organizational changes to maximize outreach opportunities.

**Administrative Coordinator:** This position would provide administrative support to not only the CEO but the other members of the team as well. Having a dedicated position to assist with scheduling, planning, event coordination and travel would provide significant support to all team members. Additionally, the position would provide the CEO with additional connectivity to the team.

This would be a new position and would require additional funding and most likely board approval. However, there is ample justification for the creation of this position as it is a staple in most similar sized organizations and there was virtually unanimous feedback from the team as to its need.

This position is different than the operations manager whose functions go beyond an executive assistance managing budgets, board meetings, real estate functions, accounting and project management.

**Business Development Manager:** This position would assist the Chief Business Development Officer with business recruitment, retention and expansion activities. The position would assist in lead generation, project management, existing industry outreach and talent coordination. Additional capacity in business development would allow the organization to set significant metrics in terms of lead generation and project activity.

It is suggested that this position would replace the unfilled workforce innovation position as there would be no additional funding required. However, the facilitation role in terms of talent and workforce development would remain a critical role.

**Marketing & Communications Director:** Previously the organization had a director of communications focusing on traditional public relations and outreach. However, in an economic development organization it is critical for messaging be targeted to both internal and in-market stakeholders as well as external, out-of-market potential customers. In filling this position, FloridaWest should consider repurposing the position as a marketing and communications director seeking a person with advertising, marketing and digital media experience as well as traditional communications and public relations skills such as traditional media management, press release writing and dissemination, talking point development and event management.

**Deputy Director:** As discussed, a flat organization has its advantages in terms of direct reporting and lack of hierarchical hurdles. But given the current competitive landscape, it can

also pose certain challenges for the CEO. Current expectations revealed from stakeholder interviews show a considerable desire for the CEO position to take a much more proactive and aggressive path in terms of external communication and outreach. Given the current involvement required in the management of the team, this demand could prove challenging.

If the CEO is to prioritize these external activities over internal management, then some level of middle management must be considered. A position that serves either formally or informally as a “lieutenant or deputy director” would provide management, coaching and oversight to the staff as a whole, freeing up the CEO to focus on outward facing engagements and not be bogged down in the day-to-day activities of the organization. Ultimately, the position would report directly to the CEO with oversight over the other team members. The challenge is to determine whether an existing position can be repurposed into this role, or if a new position is to be created.

This leadership position can be created by elevating any existing position or creating a new role entirely. As the leadership explores these options there are multiple actions that can be taken. The key for future success of the organization is a well-defined hierarchical structure that promotes a culture of performance and teamwork.

**Many of these proposed changes will require additional budgetary considerations.** In today’s environment that is always a challenge. But in the quest for continuous improvement, it is important for the FloridaWest leadership team to consider some version of these proposed changes. The good news is FloridaWest has a strong organizational structure that can be adapted and repurposed to accomplish its goals. However, with just a few small adjustments the organization can become a leader in the economic development landscape moving forward.

## BOARD ENGAGEMENT //

An effective board is an informed and engaged board. Board members should be the organization’s biggest cheerleaders as advocates and ambassadors for the organization. The program of work should include annual and quarterly training sessions for both new and existing board members and can also be expanded to other community leaders. The orientation should include the mission and history of the organization and a description of board member duties and expectations, as well as a list of the names and bios of the staff and board.

Components of the orientation should include, but not limited to, the following components:

• Ethics policy	• Overall value proposition of past projects
• Role of the board & staff	• Product overview
• Financial overview	• Confidentiality

Additionally, each board member, whether new or existing, should sign a board member agreement and confidentiality agreement. They should also review and complete the conflict-

of-interest policy and questionnaire. Board members should receive financial reports and audited financials as well as the organization's bylaws.

Just as important as a clear onboarding and orientation process is how to engage board members at each meeting. Too often board meetings become formulaic in nature and are based on reporting. While there should always be an education component of these meetings, engagement is key. Developing concise agendas with select outcomes and deliberate conversations in mind can be invaluable to FloridaWest moving forward.

Meaningful engagement results in a board that can not only provide input regarding today's opportunities and challenges but is also visionary in reaching future objectives all while aligning resources to meet such goals.

- Create an internal objectives scorecard showing progress in reaching strategic initiatives on the agenda to be reviewed and discussed at every meeting.
- After the business agenda, allow time for brief "visioning" discussions to capture ideas to help support the organization and advance efforts in the region.
- Provide board members speaking points on key issues and opportunities (cleared for public release) so that each may act as surrogates in spreading FloridaWest's message and accurately answer questions.
- Host an annual strategic retreat to develop action items in coordination with the recommendations of the strategic plan. Each board member should lead the discussion of a specific topic assisted by a staff member to facilitate conversations and ideas.

## METRICS

While the achievements of FloridaWest team may be recognized by those engaged in the organization's efforts, there is often much more that has taken place than what is included in project announcements or board meetings.

The economic development world is growing more competitive by the day and the factors that determine the location and growth of a business are often beyond the control of one economic development organization. From logistics to infrastructure, there is no one factor that will determine a location. Often communities do everything in their power to reach a positive location decision only to miss the opportunity based on something outside their control. From location bias to market factors, a project can be lost for any number of reasons.

With that in mind, FloridaWest should not just be measured on the announcement of new jobs and capital investment as it does not take into consideration other factors as noted in the approaches above – the preparation and the pursuit of making the community more competitive in targeted industry sectors and overall business-friendly.

In considering the approaches offered within each of the strategic goals, a series of metrics are suggested on the following pages. **While numbers are provided, a baseline should be established between staff and the board to ensure measurement is meaningful and accurate.** The staff and board should consider a working group meeting to determine which metrics are most important and how to best present progress on a quarterly basis using a dashboard or report card format.

When considering the approaches and associated metrics consider if the staff of FloridaWest implement, facilitate or advocate to achieve measurable success.

- **Implement:** FloridaWest to undertake, coordinate and implement directly.
- **Facilitate:** FloridaWest to work in conjunction with partners to develop and implement.
- **Advocate:** FloridaWest to advocate to city, county, regional and state leaders to undertake and/or implement.

Breaking down the metrics further by assessing if they are:

- **Engagement-based:** Engagement-based metrics measure the degree of commitment and the level of interaction with key stakeholders to achieve outcome-based metrics.
- **Process-based:** Process-metrics are the specific steps in a process that lead — either positively or negatively — to a particular outcome-based metric.
- **Outcome-based:** Outcome-based metrics provide a way of measuring effectiveness and determining success from the point of view of businesses, investors and stakeholders.

It is important to understand all the activities that are undertaken to compete to measure performance. Many factors will be essential to the success of the organization, and as such the following measurements have been outlined, but the numbers for each should be developed with the staff and board in collaboration.

In developing specific targets, the percentage metrics should align with realistic measures. The goal is to evaluate these elements along with the creation of jobs and investment to paint a clear picture of how well the organization is representing Escambia County.

## BUSINESS RECRUITMENT

### Information Technology & Cybersecurity

- Share implementation highlights at least one per quarter (*Implement, Engagement-Based*)
- Develop and share sector highlights at least one per quarter (*Implement, Engagement-Based*)

### PREPARE

- Annually visit with 10 existing companies in the sector (*Implement, Outcome-Based*)
- Increase number of new procurement opportunities generated for cybersecurity businesses by one per year
- Increase number of federal contract awards for local companies by two per year (*Advocate, Engagement-Based*)
- Increase participation of companies that participate in roundtable activities with a goal of 90% attendance (Companies represented at roundtable events divided by total number of companies in the sector identified by FloridaWest.) (*Implement, Outcome-Based*)
- Development of a feasibility plan for additional office space at Cory Station (*Implement, Process-Based*)
- Develop plan for existing companies to access to SCIF space (*Advocate, Engagement-Based*)
- Increase total amount of square feet of occupied space in the sector by 10% over five years (*Facilitate, Process-Based*)
- Generate 50 new contacts annually through attendance at trade shows, events, etc. to create awareness (*Implement, Engagement-Based*)

### PURSUE

- Announce 10 new companies/jobs in information technology in five years (*Implement, Outcome-Based*)
- Increase number of apprenticeships underway by 3% annually (*Advocate, Outcome-Based*)
- Increase number of credentials awarded for sector by 3% annually (*Advocate, Outcome-Based*)
- Increase percentage of tenants in Co:Lab in cybersecurity industry to 10% of total tenants (*Implement, Outcome-Based*)

### INNOVATION

- Increase number of students enrolled in UWF and PSC programs that support information technology and cybersecurity by 10% over five years (*Advocate, Outcome-Based*)
- Increase number of graduates of these programs are employed locally by 10% over five years (*Advocate, Outcome-Based*)
- Retain 20% of existing military personnel exiting military in county/region (*Advocate, Outcome-Based*)

## MARKETING

- Implement one digital and social marketing campaign for the sector with measurable results including follow up with five contacts from the campaign *(Implement, Engagement-Based)*
- Increase percentage of total prospects in this sector to 25% at each stage of selection process *(Implement, Outcome-Based)*
- Targeted outreach to remote workers to support sector *(Implement, Engagement-Based)*

## RESULTS/LOCATIONS

*(Establish baseline from which to measure increase)*

- Increase net new jobs in the sector by 10% over five years *(Implement, Outcome-Based)*
- Increase total payroll in the sector by 10% over five years *(Implement, Outcome-Based)*
- Increase capital investment in the sector by 10% over five years *(Implement, Outcome-Based)*

## COLLABORATION (PARTNERS)

- Highlight two new partnerships annually *(Implement, Engagement-Based)*

## Aerospace, Aviation & Defense

- Share implementation highlights at least once per quarter *(Implement, Engagement-Based)*
- Develop and share sector highlights at least once per quarter *(Implement, Engagement-Based)*

## PREPARE

- Annually visit with 10 existing companies in the sector *(Implement, Outcome-Based)*
- Increase the inventory of ready sites available for this sector including parcels of 50 acres or less, 51-100, 100+ acres *(Facilitate, Process-Based)*

## PURSUE

- Announce 10 new or expanding companies in aerospace, aviation and defense over five years *(Implement, Outcome-Based)*
- Increase the number of apprenticeships underway by 5% annually *(Advocate, Outcome-Based)*
- Increase the number of credentials awarded in sector by 5% annually *(Advocate, Outcome-Based)*

## INNOVATION

- Increase the number of students enrolled in UWF, PSC and K-12 programs that support sector by 10% over five years *(Advocate, Outcome-Based)*
- Increase the number of graduates of these programs are employed locally by 10% over five years *(Advocate, Outcome-Based)*
- Retain 20% of existing military personnel that stay in county/region *(Advocate, Outcome-Based)*

## MARKETING

- Implement one digital and social marketing campaign for the sector with measurable results including follow up with five contacts from the campaign. *(Implement, Engagement-Based)*
- Increase percentage of total prospects in this sector to 25% at each stage of selection process *(Implement, Outcome-Based)*

## RESULTS/LOCATIONS

*(Establish baseline from which to measure increase)*

- Increase net new jobs in the sector by 10% over five years *(Implement, Outcome-Based)*
- Increase total payroll in the sector by 10% over five years *(Implement, Outcome-Based)*
- Increase capital investment in the sector by 10 percent over five years *(Implement, Outcome-Based)*

## COLLABORATION (PARTNERS)

- Highlight two new partnerships annually *(Implement, Engagement-Based)*

## Manufacturing & Chemical

- Share implementation highlights at least one per quarter *(Implement, Engagement-Based)*
- Develop and share sector highlights at least one per quarter *(Implement, Engagement-Based)*

## PREPARE

- Annually visit with five existing companies in the sector *(Implement, Outcome-Based)*
- Progress of formalized terms for purchase agreements at The Bluffs *(Implement, Process-Based)*
- *Create pro forma examples of heavy process water users and the value to different industry types.* Create phases and budget for full development of The Bluffs *(Implement, Process-Based)*
- Percentage of completion of The Bluffs based on phases *(Implement, Process-Based)*
- Increase the number of ready sites available for this sector by 10% including parcels of 50 acres or less, 51-100, 100+ acres *(Facilitate, Process-Based)*

## PURSUE

- Announce five new or expanding companies of companies/jobs in manufacturing and chemical *(Implement, Outcome-Based)*
- Increase the number of companies/jobs in manufacturing and chemical by 10% over five years *(Implement, Outcome-Based)*
- Increase in the number of companies in sector *(Implement, Outcome-Based)*
- Year over year increases/decreases in numbers of jobs and wages *(Implement, Outcome-Based)*
- Number of apprenticeships underway *(Advocate, Outcome-Based)*
- Credentials awarded for sector *(Advocate, Outcome-Based)*

## INNOVATION

- Increase the number of students enrolled in UWF, PSC, K-12 programs that support sector by 10% over five years *(Advocate, Outcome-Based)*
- Increase the number of graduates of these programs are employed locally by 10% over five years *(Advocate, Outcome-Based)*
- Retain 10% of existing military personnel that stay in county/region to support the sector *(Advocate, Outcome-Based)*

## MARKETING

- Identification and targeting of fifty companies that are heavy process water users for specific ongoing marketing *(Implement, Process-Based)*
- Implement one digital and social marketing campaign for the sector with measurable results including follow up with five contacts from the campaign. *(Implement, Engagement-Based)*
- Increase percentage of total prospects in this sector to 25% at each stage of selection process *(Implement, Outcome-Based)*

## RESULTS/LOCATIONS

*(Establish baseline from which to measure increase)*

- Increase net new jobs in the sector by 10% over five years *(Implement, Outcome-Based)*
- Increase total payroll in the sector by 10% over five years *(Implement, Outcome-Based)*
- Increase capital investment in the sector by 10 percent over five years *(Implement, Outcome-Based)*

## COLLABORATION (PARTNERS)

- Highlight two new partnerships annually *(Implement, Engagement-Based)*

## BUSINESS RETENTION AND EXPANSION

- Share implementation highlights at least one per quarter *(Implement, Engagement-Based)*
- Develop and share sector highlights at least one per quarter *(Implement, Engagement-Based)*

## PREPARE

- Sixty visits per year with existing companies including those in targeted sectors
- Develop three to five key trends identified by visits *(Implement, Engagement-Based)*

## PURSUE

- Increase the number of companies, jobs, payroll by 10% over five years *(Implement, Outcome-Based)*
- Announce five new expansions with increased jobs, wages and capital investment over five years *(Implement, Outcome-Based)*

## INNOVATION

- Increase the number of students enrolled in UWF, PSC, K-12 programs that support sector by 10% over five years *(Advocate, Outcome-Based)*

- Increase the number of graduates of these programs are employed locally by 10% over five years *(Advocate, Outcome-Based)*
- Retain 10% of existing military personnel that stay in county/region to support the sector *(Advocate, Outcome-Based)*

## **MARKETING**

- Implement one digital and social marketing campaign for sector with measurable results including follow up with five contacts from the campaign. *(Implement, Engagement-Based)*
- Increase the number of expansion/retention projects by 20% over five years *(Implement, Outcome-Based)*
- Market to specific talent for relocation to area for open positions *(Facilitate, Engagement-Based)*

## **RESULTS/LOCATIONS**

*(Establish baseline from which to measure increase)*

- Increase by 10% the number of net new jobs from exiting industry *(Implement, Outcome-Based)*
- Increase new payroll by 10% *(Implement, Outcome-Based)*
- Increase overall private capital investment by existing industries by 25% over five years *(Implement, Outcome-Based)*

## **COLLABORATION (PARTNERS)**

- Highlight two new partnerships annually *(Implement, Engagement-Based)*

## **INNOVATION & ENTREPRENEURSHIP**

- Share implementation highlights at least one per quarter *(Implement, Engagement-Based)*
- Progress reports of fostering the entrepreneurial ecosystem twice a year *(Facilitate, Engagement-Based)*

## **PREPARE**

- Prepare asset map and measure number of participants utilizing each asset within 18 months *(Facilitate, Process-Based)*
- Map progress of startups moving through the lattice work of programs within 18 months *(Facilitate, Process-Based)*

## **PURSUE**

- Increase the number of individuals completing entrepreneurial training programs 10% annually *(Facilitate, Outcome-Based)*

## **INNOVATION**

- Identify three potential innovation opportunities with existing businesses and business recruitment targets annually *(Facilitate, Outcome-Based)*

## **MARKETING**

- Implement one digital and social marketing campaign for sector with measurable results including 10 entrepreneurs to relocate to county annually *(Facilitate, Process-Based)*
- Number of expansion/retention projects *(Implement, Outcome-Based)*

## **RESULTS/LOCATIONS**

- Increase the number of businesses startups after training by 25% annually *(Facilitate, Process-Based)*
- Overall increase in tenants in Co:Lab by industry sector/targeted industry sector annually each year over five years *(Implement, Outcome-Based)*
- Increase the number of new business startups by 10% annually *(Advocate, Outcome-Based)*
- Increase of the number of business licenses issued annually *(Advocate, Outcome-Based)*

## **COLLABORATION (PARTNERS)**

- Highlight two new partnerships annually *(Implement, Engagement-Based)*

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**THANK YOU**

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# Saltmarsh

Saltmarsh, Cleaveland & Gund

*CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS*

**PENSACOLA-ESCAMBIA COUNTY PROMOTION  
AND DEVELOPMENT COMMISSION**

**PENSACOLA, FLORIDA**

**FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2022**

**PENSACOLA-ESCAMBIA COUNTY PROMOTION  
AND DEVELOPMENT COMMISSION**

**PENSACOLA, FLORIDA**

**FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2022**

**TABLE OF CONTENTS**

	PAGE
Independent Auditor's Report	1
Management's Discussion and Analysis	4
Financial Statements:	
Statement of Net Position	9
Statement of Activities	10
Statement of Revenues, Expenditures and Changes in Fund Balance - Budget and Actual - General Fund	11
Notes to Financial Statements	12
Other Reports:	
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	19
Independent Accountant's Report on Compliance with Section 218.415, Florida Statutes	21
Management Letter	22

## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Pensacola-Escambia County Promotion  
and Development Commission  
Pensacola, Florida

### Opinion

We have audited the accompanying financial statements of the Pensacola-Escambia County Promotion and Development Commission (the "Commission") as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Commission as of September 30, 2022, and the changes in its financial position and the budgetary comparison for the General Fund for the year then ended in conformity with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Commission, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### Responsibilities of Management 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.

Board of Directors  
Pensacola-Escambia County Promotion  
and Development Commission

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Commission's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Commission's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Commission's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 through 8 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 December 9, 2022 on our consideration of the Commission's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Commission's internal control over financial reporting and compliance.



Pensacola, Florida  
December 9, 2022

**Pensacola-Escambia County Promotion and Development Commission  
Management’s Discussion and Analysis  
For the Year Ended September 30, 2022**

Our discussion and analysis of the financial performance of the Pensacola-Escambia County Promotion and Development Commission (the “Commission”) provides an overview of the Commission’s financial activities for the fiscal year ended September 30, 2022. Please review it in conjunction with the Commission’s financial statements.

**FINANCIAL HIGHLIGHTS**

- Total assets for the Pensacola-Escambia County Promotion and Development Commission increased by \$10,980,472 from 2021 due to \$2,539,588 rent receivable and \$8,400,000 increase in assets held for resale related to a warehouse purchased and leased to Pegasus Laboratories, Inc. (“Pegasus”). The assets were acquired, and the rent receivable was recorded in connection with an agreement with Pegasus.
- Liabilities increased by \$8,299,829 due to a refundable advance of \$2,500,000 recorded for the Triumph Gulf Coast grant and \$5,780,914 due to Pegasus under a note payable issued in connection with the warehouse purchase.
- Deferred inflows of resources increased by \$2,528,794 to account for unearned rent income resulting from the lease agreement with Pegasus.

**USING THIS ANNUAL REPORT**

This annual report consists of a series of financial statements. The Statement of Net Position and the Statement of Activities (on pages 9-10) provide information about the activities of the Commission as a whole and present a longer-term view of the Commission’s finances.

**Reporting on the Commission as a Whole**

*The Statement of Net Position and the Statement of Activities*

Our analysis of the Commission as a whole begins on the following page. One of the important questions asked about the Commission’s finances is “Is the Commission as a whole better off or worse as a result of the year’s activities?” The Statement of Net Position and the Statement of Activities report information about the Commission as a whole and about its activities in a way that helps answer this question. These statements include all assets and liabilities using the accrual basis of accounting, which is similar to accounting used by most private-sector companies. Accrual of the current year’s revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Commission’s net assets and changes in them. You can think of the Commission’s net assets, the difference between assets, what the Commission owns, and liabilities, what the Commission owes, as one way to measure the Commission’s financial health, or financial position. Over time, increases or decreases in the Commission’s net assets are one indicator of whether its financial health is improving or deteriorating. You will need to consider other non-financial factors, however, such as continuing local government support, to assess the overall health of the Commission.

**Pensacola-Escambia County Promotion and Development Commission  
Management's Discussion and Analysis  
For the Year Ended September 30, 2022**

**Reporting the Commission's Funds**

*Notes to the Financial Statements:* The notes provide additional information that is essential to a full understanding of the data provided in the government-wide financial statements. The notes to the financial statements can be found on pages 12-16 of this report.

**THE COMMISSION AS A WHOLE**

The Commission's total net position changed from a year ago, increasing from \$4,416,414 to \$4,568,263. Our analysis below focuses on the net position (Table 1) and changes in net position of the Commission's governmental activities.

**Table 1  
Net Position  
(in thousands)**

	2021	2022
Cash	\$ 882	\$ 816
Rent receivable	-	2,539
Grant receivable	-	97
Prepaid expenses	-	10
Property held for resale	-	8,400
Technology Park property	5,850	5,850
Total Assets	\$ 6,732	\$ 17,712
Accounts payable	\$ 2	\$ 2
Refundable advance	-	2,500
Technology Park payable – County	2,314	2,333
Note payable	-	5,780
Total liabilities	2,316	10,615
Deferred inflows of resources	-	2,529
Net Position:		
Restricted	61	61
Unrestricted	4,355	4,507
Total net position	4,416	4,568
Total Liabilities and Net Position	\$ 6,732	\$ 17,712

**Pensacola-Escambia County Promotion and Development Commission  
Management’s Discussion and Analysis  
For the Year Ended September 30, 2022**

*Statement of Activities*

Prior year revenue totaled \$776,853 versus current year revenue of \$1,263,529. This increase is due to an increase in rent revenue and grant funds.

Prior year expenses totaled \$805,796 versus current year expenses of \$1,111,680. This increase is primarily due to an increase in grant expenditures.

**Table 2  
Final Budget versus Actual Results (GAAP Basis)  
General Fund**

	Final Budget	Actual	Variance
<b>Revenues:</b>			
Governmental -			
Intergovernmental	\$ 775,000	\$ 775,000	\$ 0
Program -			
Rent Revenue	108,666	109,945	1,279
Grant Revenue	300,000	319,299	19,299
Foreign trade zone	1,469	1,469	0
Interest income	53,597	52,816	(781)
Other Income	5,000	5,000	0
<b>Expenditures:</b>			
Current -			
General government	\$ 1,243,732	\$ 1,111,680	\$ 132,052
<b>Net Change in Fund Balance</b>	<b>\$ 0</b>	<b>\$ 151,849</b>	<b>\$ 151,849</b>

**ECONOMIC FACTORS**

The economic development mission of the Commission remains constant. The Commission contracted with the Community Economic Development Association of Pensacola and Escambia County d/b/a FloridaWest Economic Development Alliance (“FloridaWest”) for all its staffing and operational activities again this past year. This includes performing management duties on behalf of the Commission, economic development, and marketing. Since the creation of FloridaWest, the combined efforts of both organizations have supported a commitment from private companies to create/retain approximately 8,200 jobs, \$430 million in annual payroll, and \$796 million in new capital investments. The Commission requested level funding from Escambia County and the City of Pensacola for the current fiscal year. The funds were used for the activities of the Commission as well as for FloridaWest’s public funding contribution. Escambia County granted the funding request to the Commission. Half of the funding request from the City of Pensacola came to the Commission and the other half of the funding for economic development came to FloridaWest under a separate agreement.

**Pensacola-Escambia County Promotion and Development Commission  
Management's Discussion and Analysis  
For the Year Ended September 30, 2022**

The Commission took ownership of property from Escambia County and the City of Pensacola for the purpose of developing it into a Technology Campus during 2008. Construction of the initial infrastructure for the Campus, partially funded with a line of credit from Escambia County, was completed in June 2012. In December 2012, the Commission sought to re-appraise the Technology Campus value to more accurately reflect the current market value of the property. Also, in fiscal year 2013 the Commission approved an updated version of the Inter-local Agreement between the Commission, City of Pensacola, Escambia County and the Community Redevelopment Agency ("CRA"), which included both City and County forgiveness of debt for the Technology Campus property and the ability to market and sell or lease the property independently of City or County approval. The line of credit from Escambia County will be paid for using proceeds from the sale of the lots on the Technology Campus. Once eighty percent of the developable square footage of the Technology Campus has been conveyed by the Commission to a third party, the net ad valorem property tax received by the City and by the County from the properties within the Campus shall be applied to repayment of the line of credit.

The letter of interest from a private company to construct a multi-tenant facility previously received by the Commission has expired. The Commission will continue to work to identify the right project that has the highest and best use for the park.

The development of the "Bluffs" continues to be a high priority project for the Commission. Beginning in fiscal year 2014/2015 to the end of fiscal year 2021/2022, the Commission has received and spent approximately \$11.4 million from the Department of Economic Opportunity ("DEO") and the Florida Department of Transportation ("FDOT"). The Commission was appropriated legislative funding from the State of Florida this year in the amount of \$5,000,000 for a transportation infrastructure project from FDOT. All funding is associated with developing sites along the Lower Escambia River Basin into major industrial sites to target high-energy, aerospace, or other industrial-manufacturing businesses to boost economic development and job growth. All grant contracting and work with this phase is associated with the Bluffs Entrance at Ascend Performance Materials/Emerald Coast Utilities Authority/Chemstrand Road Intersection. Planning, engineering, design and construction for the entrance to The Bluffs Industrial Corridor and Transportation Upgrades at the multi-leg intersection of New Chemstrand Road, Old Chemstrand Road, Emerald Coast Utilities Authority's entrance drive and Ascend Performance Materials entrance drive(s).

The Commission was the recipient of a \$2,500,000 Triumph Gulf Coast grant to provide partial funding to acquire land and renovate a 172,000+- square foot building at Ellyson Field Industrial Park in Pensacola, Florida, which Property was then to be leased by the Commission to Pegasus Laboratories, Inc. ("Pegasus"), a Missouri corporation. Pegasus will create at least 63 new jobs at an average wage of not less than \$61,204. Pegasus will also invest \$3,800,000 in renovation (buildout to suit their specialized operation) and approximately \$5,465,000 for necessary R&D and manufacturing equipment.

**Pensacola-Escambia County Promotion and Development Commission  
Management's Discussion and Analysis  
For the Year Ended September 30, 2022**

The Commission remains the Grantee for Foreign-Trade Zone ("FTZ") #249 and continues to fulfill all its responsibilities as the designated grantee for FTZ #249. FTZ #249 consists of sites at the Port of Pensacola, Pensacola International Airport, Pensacola Marine Terminal (2 sites: Pensacola Shipyard and Spruce Street Industrial Complex), Century Industrial Park and a designated sub-zone for the GE Wind Energy Plant. The Commission, with the assistance of its FTZ consulting company, submitted the FTZ #249's annual report to the Foreign Trade Zone Board. This past year the Commission finalized the application process to reorganize the FTZ#249 under the alternate site framework and expand into all of Escambia, Santa Rosa and Okaloosa Counties. The Commission also received notification about the approved expansion of FTZ 249 and concurrence was given in accordance with CR 146.7 for a Foreign-Trade Zone Operator Agreement between SnackCrate, Inc. (a local expanding company) and the Commission, the Zone Grantee.

**REQUEST FOR INFORMATION**

This financial report is designed to provide a general overview of the Commission's finances for all those with interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to the FloridaWest Economic Development Alliance, 3 W. Garden Street, Suite 618, Pensacola, Florida 32502.



Scott Luth  
CEO, FloridaWest Economic Development Alliance

## **FINANCIAL STATEMENTS**

**PENSACOLA-ESCAMBIA COUNTY PROMOTION  
AND DEVELOPMENT COMMISSION  
STATEMENT OF NET POSITION  
SEPTEMBER 30, 2022**

**ASSETS**

Cash and cash equivalents	\$ 815,738
Rent receivable	2,539,588
Grant receivable	96,914
Prepaid expenses	10,248
Property held for resale	8,400,000
Technology Park property, net	<u>5,850,000</u>
<b>Total Assets</b>	<b><u><u>\$ 17,712,488</u></u></b>

**LIABILITIES AND NET POSITION**

<b>Liabilities:</b>	
Accounts payable	\$ 2,233
Refundable advance	2,500,000
Technology Park payable - County	2,332,284
Note payable	<u>5,780,914</u>
Total liabilities	<u>10,615,431</u>
 <b>Deferred Inflows of Resources:</b>	
Unearned rent revenue	<u>2,528,794</u>
 <b>Net Position:</b>	
Restricted	61,198
Unrestricted:	
Committed	52,309
Unassigned	<u>4,454,756</u>
Total net position	<u>4,568,263</u>
 <b>Total Liabilities, Deferred Inflows and Net Position</b>	 <b><u><u>\$ 17,712,488</u></u></b>

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

**PENSACOLA-ESCAMBIA COUNTY PROMOTION  
AND DEVELOPMENT COMMISSION  
STATEMENT OF ACTIVITIES  
YEAR ENDED SEPTEMBER 30, 2022**

**Revenues:**

Governmental -	
Intergovernmental - City	\$ 175,000
Intergovernmental - County	600,000
Program -	
Rent revenue	109,945
Grant revenue	319,299
Foreign trade zone	1,469
Interest income	52,816
Other income	5,000
Total revenues	<u>1,263,529</u>

**Expenses:**

Current -	
General government -	
Economic development	1,017,790
Audit and accounting	7,311
Legal	3,395
Foreign trade zone	1,250
Interest expense	69,773
Miscellaneous	12,161
Total expenses	<u>1,111,680</u>

**Change in Net Position** 151,849

**Net Position, Beginning of Year** 4,416,414

**Net Position, End of Year** \$ 4,568,263

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

**PENSACOLA-ESCAMBIA COUNTY PROMOTION  
AND DEVELOPMENT COMMISSION  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES  
IN FUND BALANCE - BUDGET AND ACTUAL - GENERAL FUND  
YEAR ENDED SEPTEMBER 30, 2022**

	General Fund		
	Budget	Actual	Variance - Favorable (Unfavorable)
<b>Revenues:</b>			
Governmental -			
Intergovernmental - City	\$ 175,000	\$ 175,000	\$ -
Intergovernmental - County	600,000	600,000	-
Program -			
Rent revenue	108,666	109,945	1,279
Grant revenue	300,000	319,299	19,299
Foreign trade zone	1,469	1,469	-
Interest income	53,597	52,816	(781)
Other income	5,000	5,000	-
Total revenues	<u>1,243,732</u>	<u>1,263,529</u>	<u>19,797</u>
<b>Expenditures:</b>			
Current -			
General government -			
Economic development	1,025,000	1,017,790	7,210
Audit and accounting	7,311	7,311	-
Legal	5,343	3,395	1,948
Contractual services - Foreign Trade Zone	1,250	1,250	-
Interest expense	69,773	69,773	-
Miscellaneous	135,055	12,161	122,894
Total expenditures	<u>1,243,732</u>	<u>1,111,680</u>	<u>132,052</u>
<b>Net Change in Fund Balance</b>	<u>\$ -</u>	<u>\$ 151,849</u>	<u>\$ 151,849</u>

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

# Saltmarsh

Saltmarsh, Cleaveland & Gund

*CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS*

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)**

**PENSACOLA, FLORIDA**

**FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2022 AND 2021**

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)**

**PENSACOLA, FLORIDA**

**FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2022 AND 2021**

**CONTENTS**

	PAGE
Independent Auditor's Report	1
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	7
Notes to Financial Statements	8

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Community Economic Development Association  
of Pensacola and Escambia County, Inc.  
(d/b/a FloridaWest Economic Development Alliance)  
Pensacola, Florida

### Opinion

We have audited the accompanying financial statements of the Community Economic Development Association of Pensacola and Escambia County, Inc. (d/b/a FloridaWest Economic Development Alliance) ("FloridaWest"), which comprise the statements of financial position as of September 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of FloridaWest as of September 30, 2022 and 2021, 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.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of FloridaWest and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about FloridaWest's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditor's Responsibility**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 FloridaWest's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about FloridaWest's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



Pensacola, Florida  
December 2, 2022

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION OF  
PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
STATEMENTS OF FINANCIAL POSITION  
SEPTEMBER 30, 2022 AND 2021**

**ASSETS**

	2022	2021
<b>Current Assets:</b>		
Cash and cash equivalents	\$ 466,467	\$ 620,352
Prepaid expenses and other assets	24,828	19,750
Total current assets	491,295	640,102
<b>Property and Equipment, net</b>	18,331	23,287
<b>Total Assets</b>	\$ 509,626	\$ 663,389

**LIABILITIES AND NET ASSETS**

<b>Current Liabilities:</b>		
Accounts payable	\$ 4,230	\$ -
Accrued payroll	57,669	70,398
Total current liabilities	61,899	70,398
<b>Commitments and Contingencies</b>	--	--
<b>Net Assets Without Donor Restrictions</b>	447,727	592,991
<b>Total Liabilities and Net Assets</b>	\$ 509,626	\$ 663,389

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

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION OF  
PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
STATEMENTS OF ACTIVITIES  
YEARS ENDED SEPTEMBER 30, 2022 AND 2021**

	2022	2021
<b>Changes in Net Assets Without Donor Restrictions:</b>		
<b>Support and Revenue:</b>		
Membership dues	\$ 200,000	\$ 200,000
Investor dues	30,000	30,000
Other support	-	112,030
Local governments	825,000	885,000
Incubator	63,281	151,719
Other revenue	45,075	2,338
Total support and revenue	1,163,356	1,381,087
<b>Expenses:</b>		
Program services:		
Salaries and benefits	524,035	564,376
Marketing and advertising	152,111	215,327
Incubator	149,427	182,609
Travel	28,457	5,948
Other	43,581	44,804
Total program services	897,611	1,013,064
Supporting services:		
General and administrative	411,009	344,348
Total expenses	1,308,620	1,357,412
Change in net assets from operating activities	(145,264)	23,675
<b>Nonoperating Activities:</b>		
Loss on disposition of property and equipment	-	(9,136)
Change in Net Assets	(145,264)	14,539
Net Assets, Beginning of Year	592,991	578,452
Net Assets, End of Year	\$ 447,727	\$ 592,991

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

**FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2022**

	2022		
	Program	Management and General	Total
Incubator	\$ 110,593	\$ -	\$ 110,593
Incubator hurricane repairs*	38,834	-	38,834
Database	18,155	-	18,155
Depreciation	-	6,070	6,070
Dues and subscription	6,984	-	6,984
Maintenance and repairs	-	22,976	22,976
Marketing and advertising	152,111	-	152,111
Office	-	13,810	13,810
Professional fees	-	98,800	98,800
Rent	-	49,673	49,673
Salaries and benefits	524,035	204,001	728,036
Travel	28,457	9,990	38,447
Other	18,442	5,689	24,131
<b>Total expenses</b>	<b>\$ 897,611</b>	<b>\$ 411,009</b>	<b>\$ 1,308,620</b>

\*Represents noncapitalized furniture/equipment and repair expenses which were purchased using insurance proceeds.

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

**FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2021**

	2021		
	Program	Management and General	Total
Incubator	\$ 80,043	\$ -	\$ 80,043
Incubator hurricane repairs*	102,566	-	102,566
Database	14,074	-	14,074
Depreciation	-	8,939	8,939
Dues and subscription	6,315	-	6,315
Maintenance and repairs	-	16,316	16,316
Marketing and advertising	215,327	-	215,327
Office	-	16,844	16,844
Professional fees	-	32,820	32,820
Rent	-	48,226	48,226
Salaries and benefits	564,376	204,758	769,134
Travel	5,948	9,834	15,782
Other	24,415	6,611	31,026
<b>Total expenses</b>	<b>\$ 1,013,064</b>	<b>\$ 344,348</b>	<b>\$ 1,357,412</b>

\*Represents noncapitalized furniture/equipment and repair expenses which were purchased using insurance proceeds.

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

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION OF  
PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
STATEMENTS OF CASH FLOWS  
YEARS ENDED SEPTEMBER 30, 2022 AND 2021**

	2022	2021
<b>Cash Flows From Operating Activities:</b>		
Change in net assets	\$ (145,264)	\$ 14,539
Adjustments to reconcile change in net assets to net Cash provided by (used in) operating activities -		
Loss on disposition of property and equipment	-	9,136
Depreciation	6,070	8,939
Changes in -		
Accounts receivable	-	1,426
Membership dues receivable	-	55,000
Accounts payable	4,230	(11,046)
Deferred membership dues	-	(40,000)
Accrued payroll	(12,729)	16,741
Net cash provided by (used in) operating activities	(152,771)	54,735
<b>Cash Flows From Investing Activities:</b>		
Purchases of property and equipment	(1,114)	(9,027)
<b>Net Increase (Decrease) in Cash</b>	(153,885)	45,708
<b>Cash and Cash Equivalents, Beginning of Year</b>	620,352	574,644
<b>Cash and Cash Equivalents, End of Year</b>	\$ 466,467	\$ 620,352

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

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Organization:*

The Community Economic Development Association of Pensacola and Escambia County, Inc. (d/b/a FloridaWest Economic Development Alliance) (“FloridaWest”) is a not-for-profit corporation incorporated on September 23, 2014, to promote business development in Pensacola and Escambia County. Its primary means of support is from local governments, its members, and rents from the incubator project.

*Financial Statement Presentation:*

FloridaWest is required to report information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions. Contributions received are reported as without donor restrictions or with donor restrictions depending on the existence or nature of any donor restrictions.

*Cash and Cash Equivalents:*

For purposes of the statements of cash flows, all highly liquid investments with an original maturity of less than three months are considered to be cash equivalents.

*Contributions and Local Government Funding:*

Contributions and local government funding received are recorded as without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions. When the restrictions expire, donor-restricted net assets are reclassified to net assets without donor restrictions and are reported in the statement of activities as *net assets released from restrictions*. Donor-restricted contributions are classified as revenue without donor restrictions if the restrictions are met in the same reporting period in which the contributions are received. There were no donor-restricted net assets at September 30, 2022 or 2021.

FloridaWest also receives funding in the form of membership dues and investor dues from local businesses. Businesses that pay membership dues receive voting privileges in FloridaWest in exchange for their annual dues. Businesses that pay investor dues do not receive voting privileges. Income from membership and investor dues are recognized in the period to which the dues relate. Dues which are not yet earned are presented as deferred membership dues in the accompanying Statements of Financial Position. There were no deferred membership dues at September 30, 2022 or 2021.

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Property and Equipment:*

Property and equipment acquired through purchase is recorded at cost. Donated property and equipment is recorded at estimated fair value at the date received. The cost of maintenance and repairs is charged to expense as incurred; significant renewals and betterments are capitalized. The capitalization policy for FloridaWest requires applicable costs be recorded as property and equipment when amounts equal or exceed \$1,000. Property and equipment is depreciated using the straight-line method over the estimated useful lives as follows:

Furniture, fixtures, and equipment	5 - 15 years
Computer equipment	5 years
Leasehold improvements	4 - 7 years

*Allocation of Expenses:*

Directly identifiable expenses are charged to programs and supporting services. Payroll and related expenses are charged to programs and supporting services based on estimated time of each employee dedicated to each function. General and administrative expenses include primarily those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of FloridaWest.

*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.

*Advertising Costs:*

Advertising costs are expensed when incurred. Advertising costs for the years ended September 30, 2022 and 2021 amounted to \$58,763 and \$152,957, respectively.

*Income Taxes:*

FloridaWest is operating as a not-for-profit corporation, under Section 501(c)(6) of the Internal Revenue Code and is not subject to income taxes with the exception of unrelated business income. Accordingly, no provision for income taxes has been recorded in the financial statements.

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Upcoming Accounting Pronouncement:*

In February 2016, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update No. 2016-02, *Leases (Topic 842)* (“ASU 2016-02”). The guidance in this topic supersedes the requirements in Accounting Standards Codification Topic 840, *Leases*. The update will require business and not-for-profit entities to recognize lease assets and liabilities on the statement of financial position and to disclose key information about leasing arrangements. A lessee would recognize a liability to make lease payments and a right-of-use asset representing its right to use the leased asset for the lease term. ASU 2016-02 is effective for fiscal years beginning after December 15, 2021. Management is currently assessing the impact that adoption of ASU 2016-02 will have on FloridaWest’s financial statements.

*Subsequent Events:*

Management has evaluated subsequent events through December 2, 2022, which is the date the financial statements were available to be issued.

**NOTE 2 - PROPERTY AND EQUIPMENT**

Property and equipment and related accumulated depreciation consist of the following:

	2022	2021
Furniture, fixtures and equipment	\$ 43,932	\$ 45,274
Computer equipment	27,092	25,978
	71,024	71,252
Less accumulated depreciation	(52,693)	(47,965)
Property and equipment, net	\$ 18,331	\$ 23,287

Depreciation expense totaled \$6,070 and \$8,939 for the years ended September 30, 2022 and 2021, respectively.

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021**

**NOTE 2 - PROPERTY AND EQUIPMENT (Continued)**

On September 16, 2020, Hurricane Sally hit the Gulf Coast and caused significant damage to the incubator facility. Management determined all leasehold improvements made to the incubator facility were damaged. Leasehold improvements totaling \$135,545 and accumulated depreciation totaling \$67,453 were removed from property and equipment and a loss of \$68,092 was recognized for the year ended September 30, 2020. FloridaWest received \$150,000 in insurance proceeds during the year ended September 30, 2021. Expenses incurred related to hurricane renovations and paid by the insurance proceeds are presented on the Statements of Functional Expenses as Incubator hurricane repair.

**NOTE 3 - BENEFIT PLAN**

FloridaWest has a 401(k)-plan covering substantially all employees who have met certain service requirements. Contributions to the plan amounted to \$16,411 and \$18,923 for the years ended September 30, 2022 and 2021, respectively.

**NOTE 4 - USE OF RESERVES**

During the year ended September 30, 2022, FloridaWest utilized funds reserved by the Board of Directors from within net assets without donor restrictions in the amount of \$55,400 to finance the costs associated with the development of a five-year strategic plan.

**NOTE 5 - COMMITMENTS AND CONTINGENCIES**

*Concentration – Major Support:*

FloridaWest receives a substantial amount of its support from local governments. A significant reduction in the level of this support would impact FloridaWest's programs and activities.

*Concentration of Credit Risk – Uninsured Cash Balances:*

Demand deposits held at financial institutions are insured by the Federal Deposit Insurance Corporation ("FDIC") up to certain limits. At September 30, 2022, FloridaWest had uninsured balances of \$242,938.

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021**

**NOTE 5 - COMMITMENTS AND CONTINGENCIES (Continued)**

*Operating Leases:*

FloridaWest leases office facilities under an operating lease expiring in January 2024. Rent expense for this lease amounted to \$49,673 and \$48,226 for the years ended September 30, 2022 and 2021, respectively, and is included in general and administrative expenses. FloridaWest also leases office facilities under an operating lease expiring in June 2026. Rent expense amounted to \$51,172 and \$30,859 for the years ended September 30, 2022 and 2021, respectively, and is included in incubator program expenses. Future minimum lease payments under the leases at September 30, 2022 are as follows:

2023	\$ 99,000
2024	67,272
2025	51,172
2026	38,379
	\$ 255,823

*Subleases:*

FloridaWest subleases office space to tenants under cancelable operating leases. In September 2020, Hurricane Sally damaged the office space and tenants were unable to occupy the space during much of the year ended September 30, 2021. Office space was renovated during the majority of fiscal year 2021, and most tenants did not move back in. Tenants were not being charged rent during the renovation period. Sublease rental income amounted to \$57,988 and \$1,115 for the years ended September 30, 2022 and 2021, respectively. As of at September 30, 2022, minimum rental income under subleases for fiscal year 2023 is \$23,297. FloridaWest has a maximum of four renewal years until the sublease is considered a graduated lease, which can no longer be extended.

*Contract:*

FloridaWest contracted with a marketing firm for the period July 1, 2022 to December 31, 2022. The contract commitment remaining as of September 30, 2022 was \$13,500.

*COVID-19:*

FloridaWest is continually monitoring the potential impact of the COVID-19 pandemic and its effects on the financial statements. The extent to which the COVID-19 pandemic impacts FloridaWest going forward will depend on numerous evolving factors, which the organization cannot reliably predict. The financial statements do not contain any adjustments that might result from the outcome of this uncertainty.

**COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION  
OF PENSACOLA AND ESCAMBIA COUNTY, INC.  
(d/b/a FLORIDAWEST ECONOMIC DEVELOPMENT ALLIANCE)  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021**

**NOTE 6 - LIQUIDITY**

FloridaWest's financial assets available within one year of the statement of financial position date for general expenditure are as follows as of September 30, 2022 and 2021, respectively:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	<u>\$ 466,467</u>	<u>\$ 620,352</u>

As part of the FloridaWest's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.



**BOARD OF COUNTY  
COMMISSIONERS  
ESCAMBIA COUNTY, FLORIDA**

OFFICE OF MANAGEMENT  
& BUDGET SERVICES  
221 PALAFOX PLACE,  
SUITE 440  
PENSACOLA, FL 32502  
Phone: (850) 595-4960  
Fax: (850) 595-4810  
[www.myescambia.com](http://www.myescambia.com)

March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is an **application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan  
Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- \_\_\_ Submit a fully completed Agency Funding Request Application
- \_\_\_ Submit a copy of your organization's current W-9
- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

### **GENERAL INFORMATION**

Agency Name: **Pensacola Mardi Gras Foundation, Inc.**

Agency Address: **124 E Wright Street Suite B, Pensacola, FL 32502**

Program Name for which funding is being requested: **Pensacola Mardi Gras Season**

Amount Requested: **\$250,000**

Program Contact: **Danny A. Zimmern, President**

Contact Email: **[Pensacolamardigras@gmail.com](mailto:Pensacolamardigras@gmail.com)** Contact Phone: **(850) 232-1944**

25-Word Description of Program: **Creating a world-class Mardi Gras season full of celebrations, parades, and events. These events showcase the unique culture and heritage of Pensacola which will promote tourism, economic growth, and community engagement through leadership operations and regional/national marketing, centered around Escambia Counties Mardi Gras celebrations.**

How many years has your organization been providing services in the County? **0 - Pensacola Mardi Gras Foundation Inc, is a new 501c4 organization which replaces the old for profit organization.**

How many years has your organization received funding from the County? **0**

Explain how receiving funds from the County would have a significant impact on your organization: **The now retiring organization that led unprecedented growth of Mardi Gras in Pensacola, has self-funded much of the previous activities. Receiving this grant will allow the Pensacola Mardi Gras Foundation to expand the season's events, increase the range, scope and volume of the marketing efforts, promotion of Escambia Counties community assets, and**

**will help develop new event opportunities that will bring tourism dollars to Escambia County.**

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: **NONE N/A**

Briefly discuss how last year's funds were used? \_\_\_\_\_

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Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? \_\_\_\_\_

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**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? **The funding requested by PMGI will be utilized to expand marketing efforts, support event management, and cover operational costs. By doing so, PMGI aims to promote tourism, enhance community engagement, and build a positive image for Escambia County by making it an even more desirable destination for visitors and residents alike.**

Is your program a governmental function or requirement? If a governmental request, please cite

regulatory/statutory requirements. Please explain: **NONE N/A**

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area **The City of Pensacola provides approximately \$25,000 in barricades use, delivery, set up and breakdown. Along with approximately \$25,000 in Police labor and oversight to insure safety. Pensacola Mardi Gras has grown to over 95 Krewes in Escambia and Santa Rosa County. Our organization also provides leadership and marketing for all Krewes. The City of Pensacola provides EMT and Fire resources to insure a safe environment for all big free public events. Escambia County staff and elected officials participate in many of the events to illustrate the power of the events for community exposure and education.**

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. **The new Foundation is the best partnering agency for Mardi Gras growth in Escambia County due to their expertise, resources, strategic vision, commitment to local impact, and dedication to accountability. The Foundation has the leadership that grew Pensacola Mardi Gras for the past 25 years. Their involvement will contribute significantly to the successful expansion of Mardi Gras, making it a more vibrant and culturally significant celebration in Escambia County. These events attract locals, tourists, and visitors during the shoulder months of January and February.**

### **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: **25 %**
- Percentage for direct programming and marketing costs: **75%**

If Escambia County funding can only fund a portion of your request, how will you offset the difference?  
**Sponsorships and entry fees.**

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio: **We do not anticipate any match funding**

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. **NONE N/A**

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
<b>1.Increase Tourism</b>			200,000	33%
<b>2.Economic Impact</b>			\$5,000,000 +	33%
<b>3.Community Engagement and Satisfaction</b>			80% +	33%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. <b>Increase in Tourism Spending: The Foundation will track the increase in tourism spending as a key performance measure. This can be measured by analyzing the overall spending by tourists during the Mardi Gras season compared to previous years. The goal would be to achieve a specific percentage increase in tourism spending, such as a 10% increase in visitor spending during the Mardi Gras festivities.</b>	10%
2. <b>Number of Events and Attendees: The Foundation will measure the success of the program by tracking the number of events organized during the extended Mardi Gras season and the total attendance at these events. The goal would be to increase the number of events and attract a larger audience, indicating</b>	15%

greater community engagement and participation. For example, the goal could be to host 20% more events and achieve a 15% increase in overall attendance compared to the previous year.	
3. <b>Community Satisfaction and Feedback:</b> The Foundation will measure the success of the program by collecting and analyzing community satisfaction and feedback. This can be done through surveys, focus groups, or online feedback platforms. The goal would be to achieve a high level of community satisfaction with the Mardi Gras festivities and ensure that the community's needs and expectations are met. For instance, the goal could be to achieve a 90% satisfaction rate among community members who attended Mardi Gras events.	90%

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. <b>Baseline Tourism Spending:</b> In the previous fiscal year (FY23), the total tourism spending during the Mardi Gras season in Escambia County was \$5 million.	\$5,000,000 +
2. <b>Baseline Number of Events and Attendees:</b> In the previous year, there were 15 events organized by PMG during the Mardi Gras season, with a total cumulative attendance of over 200,000 individuals.	200,000
3. <b>Baseline Community Satisfaction Rate:</b> Based on a community satisfaction survey conducted last year, the overall satisfaction rate among attendees of Mardi Gras events was 80%.	80%

#### 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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>
---------------------

	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources - Sponsorships			\$85,000
Programmatic Income - Entry Fees			\$60,000
County Funding/Direct Contribution This Grant			\$250,000
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)			\$10,000
Total Income			\$405,000

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

There are no financials provided. We are a not-for-profit corporation newly established May 15, 2023.

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.

**Vendor fees, T shirt sales, promotional gifts**

<b>EXPENSES TABLE</b>			
	<b>Most Recently Completed Budget Year FY 2022</b>	<b>Current Budget Year FY 2023</b>	<b>Proposed Budget Year FY 2024</b>
Total Number of Staff			1.5
Salaries and Wages			\$62,500
Employee Benefits			
Professional Services			\$134,000
Contractual Services			\$32,000
Travel Expenses			
Rentals and Leases			\$33,000
Communication			\$12,000
Postage and Freight			\$2,500
Repair and Maintenance			
Printing and Binding			\$2,000
Marketing and Promotion			\$94,500
Fuel			
Supplies			\$15,000
Event Expenses			\$20,000
Capitalizable Assets for County Funding (a)			
Other Expenses (b)			
<b>Total Expenses</b>			<b>\$407,500</b>
<b>Net Income - (Revenue minus Expense)</b>			<b>- \$2500.00</b>

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

NONE N/A

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

NONE N/A

**BUDGET QUESTIONS**

1. Does your agency run on **Calendar** Year, State Fiscal Year, or Fiscal Year? **C**

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements.

There are no financials provided. We are a not-for-profit corporation newly established May 15, 2023.

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?

NONE N/A

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
To Be Determined - New Hire	Executive Director	\$53,250
To Be Determined – New Hires	Interns – primarily from UWF	\$9,250

5. Please provide the total amount of cash and investments on hand.

NONE N/A

6. Does your organization charge fees for services? If so, provide a list of fees charged.

NONE N/A

7. Does your organization require background checks from volunteers and staff? NO

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan? N/A

2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

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3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"?

N/A

2. Did your agency receive any grants? List the amount and a detailed use of the funds.

PMGF is a newly formed 501(c)4 Organization filed with the State of Florida.

3. Was there any increase in membership for the local chambers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your agency's statistics on business creation and minority businesses by zip code? PMGF is a newly formed 501(c)4 Organization filed with the State of Florida.

4. Can we reduce the taxpayer subsidy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

Ray O'Neil  
Name  
PRESIDENT 5.26.23  
Title Date



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
PENSACOLA MARDI GRAS FOUNDATION, INC.

### Filing Information

<b>Document Number</b>	N23000005976
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	05/15/2023
<b>Effective Date</b>	05/15/2023
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

124 E. WRIGHT ST.  
SUITE C  
PENSACOLA, FL 32501

### Mailing Address

124 E. WRIGHT ST.  
SUITE C  
PENSACOLA, FL 32501

### Registered Agent Name & Address

ZIMMERN, DANNY A  
124 E. WRIGHT ST.  
SUITE C  
PENSACOLA, FL 32501

### Officer/Director Detail

#### **Name & Address**

Title P

ZIMMERN, DANNY A  
124 E. WRIGHT ST.  
PENSACOLA, FL 32501

Title VP

ZIMMERN, BENJAMIN J  
25 E. WRIGHT ST.  
PENSACOLA, FL 32501

Title VP

HOY, JADE

124 E. WRIGHT ST.  
PENSACOLA, FL 32501

**Annual Reports**

**No Annual Reports Filed**

**Document images**

05/15/2023 -- Domestic Non-Profit [View image in PDF format](#)

N23000005976  
FILED  
May 15, 2023  
Sec. Of State  
klovelace

## Article VI

The name and address of the incorporator is:

DANNY A. ZIMMERN  
124 E. WRIGHT ST.  
SUITE C  
PENSACOLA, FL 32501

Electronic Signature of Incorporator: DANNY A. ZIMMERN

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

## Article VII

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

Title: P  
DANNY A ZIMMERN  
124 E. WRIGHT ST.  
PENSACOLA, FL. 32501 US

Title: VP  
BENJAMIN J ZIMMERN  
25 E. WRIGHT ST.  
PENSACOLA, FL. 32501 US

Title: VP  
JADE HOY  
124 E. WRIGHT ST.  
PENSACOLA, FL. 32501 US

## Article VIII

The effective date for this corporation shall be:

05/15/2023

**Electronic Articles of Incorporation  
For**

**N23000005976  
FILED  
May 15, 2023  
Sec. Of State  
klovelace**

PENSACOLA MARDI GRAS FOUNDATION, INC.

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

**Article I**

The name of the corporation is:

PENSACOLA MARDI GRAS FOUNDATION, INC.

**Article II**

The principal place of business address:

124 E. WRIGHT ST.  
SUITE C  
PENSACOLA, FL. US 32501

The mailing address of the corporation is:

124 E. WRIGHT ST.  
SUITE C  
PENSACOLA, FL. US 32501

**Article III**

The specific purpose for which this corporation is organized is:

TO PRESERVE THE ECONOMIC AND CULTURAL VITALITY OF ESCAMBIA COUNTY, FLORIDA BY PRODUCING A CELEBRATION OF MARDI GRAS WHICH ATTRACTS TOURISTS, SUPPORTS LOCAL BUSINESSES, AND ENRICHES THE COMMUNITY.

**Article IV**

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

**Article V**

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

DANNY A ZIMMERN  
124 E. WRIGHT ST.  
SUITE C  
PENSACOLA, FL. 32501

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

Registered Agent Signature: DANNY A. ZIMMERN

Date of this notice: 05-15-2023

Employer Identification Number:  
93-1347198

Form: SS-4

Number of this notice: CP 575 E

PENSACOLA MARDI GRAS FOUNDATION  
124 E WRIGHT ST STE C  
PENSACOLA, FL 32501

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-1347198. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is PENS. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 05-15-2023  
EMPLOYER IDENTIFICATION NUMBER: 93-1347198  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
|||

PENSACOLA MARDI GRAS FOUNDATION  
124 E WRIGHT ST STE C  
PENSACOLA, FL 32501

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Pensacola Mardi Gras Foundation, INC**

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

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**124 E Wright St. Suite C**

**6** City, state, and ZIP code  
**Pensacola, FL 32501**

**7** List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

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OR

**Employer identification number**

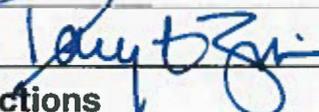
9	3	-	1	3	4	7	1	9	8
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## Part II Certification

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 for Part II, later.

**Sign Here** Signature of U.S. person ▶  Date ▶ **5.26.23**

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.*

**16**

**Santa Rosa Island Authority – Trolley Service**

**APPLICATION CHECKLIST (Required)**

- ✓ Submit a fully completed Agency Funding Request Application
- ✓ Submit a copy of your organization's current W-9
- ✓ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- N/A Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- ✓ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Santa Rosa Island Authority

Agency Address: 1 Via de Luna Dr., Pensacola Beach, FL 32561

Program Name for which funding is being requested: SRIA Trolley Services

Amount Requested: \$ 250,000.00

Program Contact: Leigh Davis

Contact Email: leigh\_davis@sria-fla.com Contact Phone: (850) 932-2257

25-Word Description of Program: The SRIA offers a complimentary trolley service from Memorial Day through Labor Day. (102 days) Three trolleys operate daily from 4pm-12am spanning the island.

How many years has your organization been providing services in the County? 28 years

How many years has your organization received funding from the County? N/A

Explain how receiving funds from the County would have a significant impact on your organization: By Escambia County providing the funds for trolley operations in FY24, the Santa Rosa Island Authority will be able to reallocate operating dollars typically set aside for the service to capital outlay for the purchase of new trolleys. It is anticipated that the reallocated \$250,000 combined with \$300,000 already allocated by SRIA will allow us to purchase 3 new trolleys.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: N/A

Briefly discuss how last year's funds were used? N/A

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Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? N/A

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**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? The complimentary beach trolley service is utilized by tourists and locals visiting the area. This is a way for people to get around without having to drive. The requested funding will be utilized for the operations and marketing of the complimentary trolley service.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: N/A

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**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: Through an interlocal agreement between the SRIA and Escambia County, ECAT operates and maintains the Pensacola Beach trolleys Memorial Day Weekend through Labor Day annually.

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Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. SRIA is the only agency offering the complimentary beach trolley service.

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**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: \_\_\_\_\_%
- Percentage for direct programming costs: 100 %

If Escambia County funding can only fund a portion of your request, how will you offset the difference? The SRIA currently has \$250,000 budgeted for the annual trolley service. If only a portion of the funding request can be acquired, the SRIA would use the current budgeted funds to cover the difference. It is our hope to receive the total requested funds so that new trolleys can be purchased with the reallocated dollars from trolley service to capital outlay.

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: \_\_\_\_\_

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Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. N/A

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**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Average number of riders per day	1,130	947*		%
2.				%
3.				%

\*Due to equipment failures

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Provision of whimsical maps to commercial businesses for tourists	75 pads
2. Average number of riders per day	1,150
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals		FY23
1.	Average ridership per day goals based on FY21&22 average	1,000
2.	Provision of pads of "whimsical" maps based on FY22 distribution	75 pads
3.		

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding/Direct Contribution			\$250,000
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)	\$225,000	\$250,000	
Total Income	\$225,000	\$250,000	\$250,000

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_\_  
 SRIA income is generated by commercial and residential lease fees. The total operating revenue for FY22 as reflected in the provided audit was \$6,198,183. The total operating revenue budget for FY23 is \$4,620,425. The proposed operating revenue budget for FY24 is \$5,103,483. The trolley service is currently funded through these lease fees and is but a small portion of the overall operation (and operating expenses) of SRIA.

EXPENSES TABLE			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff			
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services		\$220,000	\$220,000
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion		\$30,000	\$30,000
Fuel			
Supplies			
Event Expenses			
Capitalizable Assets for County Funding (a)			
Other Expenses (b)			
Total Expenses		\$250,000	\$250,000
Net Income - (Revenue minus Expense)		\$0	\$0

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

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(b) Please explain any request listed in the "Other Expenses" line item. N/A

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**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Fiscal Year

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. The financials that were provided were for the Santa Rosa Island Authority of which the trolley service is only a small portion.

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3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? \_\_\_\_\_

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4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary

5. Please provide the total amount of cash and investments on hand. \_\_\_\_\_

\_\_\_\_\_

6. Does your organization charge fees for services? If so, provide a list of fees charged.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does your organization require background checks from volunteers and staff? \_\_\_\_\_

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: N/A

1. What is your agency's Strategic Plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did your agency receive any grants? List the amount and a detailed use of the funds.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was there any increase in membership for the local chambers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

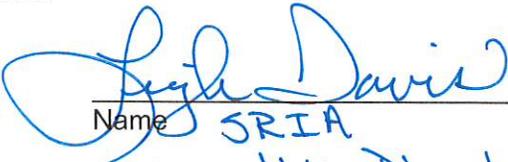
4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

  
\_\_\_\_\_  
Name SRIA  
Executive Director  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date 5/30/23

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>SANTA ROSA ISLAND AUTHORITY</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>LOCAL GOVERNMENT ENTITY</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <u>  3  </u>  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.) See instructions. <b>PO BOX 1208</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>GULF BREEZE, FL 32562</b>	
7 List account number(s) here (optional)	

Print or type.  
See Specific Instructions on page 3.

### 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
<b>or</b>													
<b>Employer identification number</b>													
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5	9	-	6	0	0	1	7	8	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
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<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>6/8/2023</u>
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**Santa Rosa Island Authority**  
A Component Unit of Escambia County, Florida

**Financial Statements**

September 30, 2022

**Santa Rosa Island Authority**  
**Table of Contents**  
**September 30, 2022**

<b>REPORT</b>	
Independent Auditors' Report	1
<b>FINANCIAL STATEMENTS</b>	
Statement of Net Position	4
Statement of Activities	6
Statement of Cash Flows	7
Notes to Financial Statements	9
<b>SUPPLEMENTAL INFORMATION</b>	
<i>Required Supplementary Information</i>	
Schedule of Changes in the Net OPEB Liability and Related Ratios (Last 10 Fiscal Years)	30
Schedule of Proportionate Share of Net Pension Liability – Florida Retirement System (Last 10 Fiscal Years)	31
Schedule of Contributions – Florida Retirement System (Last 10 Fiscal Years)	32
Schedule of Proportionate Share of Net Pension Liability – Health Insurance Subsidy Program (Last 10 Fiscal Years)	33
Schedule of Contributions – Health Insurance Subsidy Program (Last 10 Fiscal Years)	34
Notes to Required Supplementary Information	35
<i>Other Information</i>	
Schedule of Revenue and Expenses - Budget and Actual	36
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	37
Management Letter	40
Independent Accountants' Attestation Report on Compliance with Section 218.415 Florida Statutes	43



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## **INDEPENDENT AUDITORS' REPORT**

To the Board Members and Chief Executive Officer  
Santa Rosa Island Authority  
Pensacola, Florida

### ***Opinions***

We have audited the accompanying financial statements of the business-type activities of Santa Rosa Island Authority, a component unit of Escambia County, Florida, (hereinafter referred to as "Authority"), as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities of the Authority as of September 30, 2022, and the changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinions***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of Financial Statements section of our report. We are required to be independent of the Authority and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### ***Responsibilities of Management 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; and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Authority's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

## ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Authority's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Authority's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

## ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the Schedule of Changes in Net OPEB Liability and Related Ratios, Schedules of Proportionate Share of Net Pension Liability, and Schedules of Contributions, as listed in the table of contents, be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the 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 financial statements, and other knowledge we obtained during our audit of the 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.

Management has omitted the Management Discussion and Analysis that accounting principles generally accepted in the United States of America requires to be presented to supplement the basic financial statements. Such missing 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. Our opinion on the basic financial statements is not affected by this missing information.

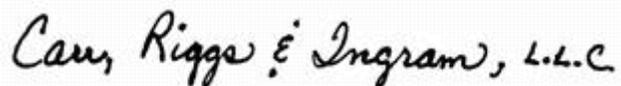
### ***Supplementary Information***

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Authority's basic financial statements. The Schedule of Revenue and Expenses – Budget and Actual is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The Schedule of Revenue and Expenses – Budget and Actual is the responsibility of management and was derived from and relate 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 Schedule of Revenues and Expenses – Budget and Actual is fairly stated in all material respects in relation to the basic financial statements as a whole.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued a report dated February 17, 2023, on our consideration of the Authority's internal control over financial reporting and 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 Authority's internal control over financial reporting and compliance.



CARR, RIGGS & INGRAM, LLC

Miramar Beach, Florida  
February 17, 2023

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Statement of Net Position**

<i>September 30,</i>	<b>2022</b>
<hr/>	
Assets	
Current assets	
Cash and cash equivalents	\$ 3,888,520
Accounts receivable, net	504,364
Unbilled receivables	62,846
Due from other governments	24,500
Prepaid expenses	44,581
<hr/>	
Total current assets	4,524,811
<hr/>	
Noncurrent assets	
Capital funds contingency - cash	5,301,917
Cash and cash equivalents - restricted	1,744,994
Investments - unrestricted	546,716
Capital assets, net	508,150
<hr/>	
Total noncurrent assets	8,101,777
<hr/>	
Deferred outflows of resources	
Other post-employment benefits	19,750
Pension	277,702
<hr/>	
Total deferred outflows of resources	297,452
<hr/>	
Total assets and deferred outflows of resources	\$ 12,924,040
<hr/> <hr/>	

(continued)

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

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Statement of Net Position (Continued)**

<i>September 30,</i>	<b>2022</b>
<b>Liabilities</b>	
Current liabilities	
Accounts payable	\$ 240,985
Accrued payroll	24,790
Other accrued liabilities	44,712
Total current liabilities	310,487
Noncurrent liabilities	
Compensated absences	126,520
Net pension liability	853,180
Obligation for other postemployment benefits	122,548
Total noncurrent liabilities	1,102,248
Total liabilities	1,412,735
Deferred inflows of resources	
Deferred revenue	295,962
Other post-employment benefits	14,940
Pension	187,004
Deferred consideration fees	511,469
Total deferred inflows of resources	1,009,375
Net position	
Net investment in capital assets	508,150
Restricted for island improvements - Portofino	1,476,870
Restricted for Quietwater restoration - BP	175,379
Restricted for other	43,647
Unrestricted	8,297,884
Total net position	10,501,930
Total liabilities, deferred inflows of resources, and net position	\$ 12,924,040

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

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Statement of Activities**

<i>For the year ended September 30,</i>	<b>2022</b>
<hr/>	
Operating revenue	
Lease fees	
Commercial	\$ 4,836,581
Residential	1,196,254
Interest income	11,790
Other operating revenue	153,558
<hr/>	
Total operating revenue	<hr/> 6,198,183 <hr/>
Operating expenses	
Personal services	1,312,741
Contractual and professional services	414,753
Supplies	14,490
Utilities	42,767
Advertising and promotion	739,333
Capital outlay	402,612
Other operating expense	314,138
<hr/>	
Total operating expenses before depreciation	3,240,834
Depreciation	46,334
<hr/>	
Total operating expenses	<hr/> 3,287,168 <hr/>
Operating income	<hr/> 2,911,015 <hr/>
Non-operating revenue (expenses)	
Grant revenues	185,944
Grant project expenses	(212,594)
Payments to Escambia County - fire and rescue	(206,000)
Other income	84,103
<hr/>	
Non-operating revenue (expenses), net	<hr/> (148,547) <hr/>
Change in net position	2,762,468
Net position, beginning of year	<hr/> 7,739,462 <hr/>
Net position, end of year	<hr/> \$ 10,501,930 <hr/> <hr/>

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

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Statement of Cash Flows**

<i>For the year ended September 30,</i>	<b>2022</b>
<b>Operating activities</b>	
Cash received from lessees	\$ 5,905,449
Other operating receipts	153,558
Payments to vendors	(2,029,183)
Payments to employees	(1,239,178)
Net cash provided by operating activities	2,790,646
<b>Noncapital financing activities</b>	
Payments to Escambia County	(206,000)
Receipts for other non-operating revenues	84,103
Net cash provided (used) by noncapital financing activities	(121,897)
<b>Capital and related financing activities</b>	
Cash received from other governments	325,299
Payments for other non-operating expenses	(298,083)
Net cash provided (used) by capital and related financing activities	27,216
<b>Net change in cash and cash equivalents</b>	<b>2,695,965</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>8,239,466</b>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 10,935,431</b>

(continued)

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

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Statement of Cash Flows (Continued)**

*For the year ended September 30,*

**2022**

**Reconciliation of operating income to net cash provided by operating activities**

Operating income	\$	2,911,015
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation		46,334
Other postemployment benefit obligation		(5,519)
Pension		(76,879)
Changes in operating assets and liabilities:		
Accounts and unbilled receivables		(139,176)
Prepaid expenses		(1,228)
Accounts payable		(81,414)
Accrued payroll		(27,911)
Other accrued liabilities		(25,174)
Compensated absences		37,417
Deferred revenue		166,869
Deferred consideration fees		(13,688)
Net cash provided by operating activities	\$	2,790,646

**Cash reconciliation**

Cash and cash equivalents	\$	3,888,520
Capital funds contingency - cash		5,301,917
Cash and cash equivalents - restricted		1,744,994
Cash and cash equivalents, end of year	\$	10,935,431

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

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 1: ORGANIZATION**

The Santa Rosa Island Authority (“Authority”), exists pursuant to the provisions of Chapter 24500, Laws of Florida, Special Acts of 1947, as amended. The Authority is the governing body of a portion of Santa Rosa Island and consists of five members appointed by the Board of County Commissioners of Escambia County, and one member elected by the leaseholders of Santa Rosa Island. The Authority has been constituted a body corporate and an agency of Escambia County and, accordingly, meets the criteria of a component unit and will be included in the Basic Financial Statements of Escambia County, Florida.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The Authority maintains its books and records under the accrual method of accounting. Under this method, revenue is recognized when earned rather than when received, and related expenses are recognized when they are incurred rather than when paid. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

The Authority classifies fund equity into three components – net investment in capital assets; restricted; and unrestricted. These classifications are defined as follows:

Net investment in capital assets – This component of fund equity consists of capital assets, including restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets. If there are significant unspent related debt proceeds at year-end, the portion of the debt attributable to the unspent proceeds is not included in the calculation of invested in capital assets, net of related debt. Rather, that portion of the debt is included in the same fund equity component as the unspent proceeds.

Restricted – This component of fund equity consists of constraints placed on fund equity imposed by creditors (such as through debt covenants), contributors, or laws or regulations of other governments, or constraints imposed by law through constitutional provisions or enabling legislation.

Unrestricted – This component of fund equity consists of fund equity that does not meet the definition of “restricted” or “net investment in capital assets”.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

The Authority is accounted for as an enterprise fund. Enterprise funds are used to account for operations (a) that are financed and operated in a manner similar to private business enterprises, where the intent of the governing body is that costs (expenses, including depreciation) of providing goods or services to the general public on a continuing basis be financed or recovered primarily through user charges; or (b) where the governing body has decided that periodic determination of revenues earned, expenses incurred, and/or net income is appropriate for capital maintenance, public policy, management control, accountability, or other purposes. The Authority complies with generally accepted accounting principles (GAAP) and applies all relevant Governmental Accounting Standards Board (GASB) pronouncements.

Enterprise funds distinguish operating revenue and expenses from nonoperating items. Operating revenue and expenses generally result from providing services and producing and delivering goods in connection with an enterprise fund's principal ongoing operations. The principal operating revenue of the Authority are lease fees and related charges. Operating expenses of the Authority include personal services, contractual and professional services, supplies, utilities, advertising and promotion, capital outlay, other expenses and depreciation on capital assets. All revenue and expenses not meeting this definition are reported as nonoperating revenue and expenses.

***Restricted Assets***

Certain assets of the Authority are restricted for use by agreements with third-parties; therefore, they are not available to be used at management's discretion. These restrictions include assets restricted by outside parties for beach renourishment and certain capital improvements as further discussed in Note 7.

When both restricted and unrestricted resources are available for use, it is the Authority's policy to use restricted resources first, then unrestricted resources as they are needed.

***General Budget Policies***

Prior to the beginning of each fiscal year, the Executive Director submits an operating budget to the Authority Board. The budget includes proposed expenses necessary for operation of the Authority and estimated revenue available to finance those expenses. Once approved by the Authority Board, the budget is submitted for approval by the Board of County Commissioners of Escambia County. The legal level of budgetary control is by total expenditures. Any amendments that alter total expenditures must be approved by the Authority Board and the Board of County Commissioners of Escambia County. All appropriations lapse at year end.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

The budget is prepared on a basis that differs from generally accepted accounting principles as follows:

- A. The budget does not include a provision for depreciation expense or for gain or loss from disposal of capital assets.
- B. The budget includes a provision for capital outlay, which is not included in the results of operations under generally accepted accounting principles, except for certain non-capital items expensed by the Authority. These non-capital items include dredging, renourishment and improvements to property not owned by the Authority.

***Cash and Cash Equivalents***

For purposes of the statement of cash flows, the Authority considers all highly liquid debt instruments with a maturity of three months or less when purchased to be cash equivalents, excluding investments in the Local Government Surplus Funds Trust Fund Investment Pool.

***Capital Assets***

Capital assets are defined by the Authority as assets with an initial/individual cost of more than \$1,000 and an estimated useful life in excess of two years. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized. Major outlays for capital assets and improvements are capitalized as projects are constructed.

Upon being placed into service, property, plant and equipment of the Authority are depreciated using the straight-line method over the estimated useful lives. Estimated useful lives for financial reporting purposes are as follows: transportation equipment, maintenance equipment, office equipment and miscellaneous: 3 – 10 years; and buildings and shelters: 10 – 40 years.

***Compensated Absences***

It is the Authority's policy to permit employees to accumulate a limited amount of earned but unused annual leave and, for those employees who have achieved retirement age or are entitled under a negotiated contract, a limited amount of earned but unused sick leave. Accordingly, the Authority records an accrual for earned but unused annual leave and sick leave.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Lease Fees***

Lease fees, including consideration fees, are generally recognized as income over the lease term as it becomes due according to the provisions of the lease. Lease fees received but not yet earned according to the provisions of the lease are recorded as deferred revenue. The Authority has agreed to bill certain lease fees quarterly or monthly even though the full amount is due at the beginning of the renewal year. Amounts due from year-end through the lease renewal date are reflected as unbilled receivables on the accompanying Statement of Net Position.

***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.

***Deferred Outflows/Inflows of Resources***

In addition to assets, the statement of net position will sometimes include a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. The items that qualify for reporting in this category are the items related to the pension and OPEB amounts reported in the Statement of Net Position. The deferred outflows of resources related to pension and OPEB amounts result generally from changes between the expected and actual experience of the pension and OPEB plans.

In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The Authority has four items, deferred revenue, deferred consideration fees, and pension and OPEB amounts, which qualify for reporting in this category. Deferred revenue and deferred consideration fees result from the collection of revenues in advance of the year for which they are due. The deferred inflows of resources related to pension and OPEB amounts result generally from changes between the expected and actual experience of the pension and OPEB plans.

***Other Post-Employment Benefits***

The Authority utilizes uniform reporting standards for other postemployment benefit (OPEB) expense and related liabilities, note disclosures, and required supplementary information (RSI) in annual financial reports of governmental entities. See Note 11 for a description of the OPEB expenses and liabilities.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Subsequent Events***

Management has evaluated subsequent events through the date that the financial statements were available to be issued, February 17, 2023, and determined there were no events that occurred that required disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these consolidated financial statements.

**NOTE 3: CASH AND INVESTMENTS**

The Authority maintains deposits with "Qualified Public Depositories" as defined in Chapter 280, Florida Statutes. All Qualified Public Depositories must place with the Treasurer of the State of Florida securities in accordance with collateral requirements determined by the State's Chief Financial Officer. In the event of default by a Qualified Public Depository, the State Treasurer will pay public depositors all losses. Losses in excess of insurance and collateral will be paid through assessments between all Qualified Public Depositories.

Under this method, all of the Authority's deposits are fully insured or collateralized at the highest level of security as defined by GASB, Statement Number 40, *Deposits and Investment Disclosures (An Amendment of GASB, Statement Number 3)*.

The Authority is authorized to invest in financial instruments as established by Section 218.415, Florida Statutes. The authorized investments include among others direct obligations of the U.S. Treasury; the Local Government Surplus Funds Trust Fund as created by Section 218.405, Florida Statutes; SEC registered money market funds with the highest credit quality rating from a nationally recognized rating agency; and interest-bearing time deposits or savings accounts in authorized financial institutions.

In accordance with GAAP, certificate of deposits are considered a nonparticipating interest-earning investment contract and is appropriately reported in the financial statements at cost.

The following is a summary of the Authority's investments:

<u>September 30,</u>	<u>2022</u>	<u>Credit Risk</u>	<u>Maturities</u>
Certificate of deposit	\$ 546,716	not rated	03/20/23

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 3: CASH AND INVESTMENTS (Continued)**

*Concentration risk* – The Authority places no limit on the amount the Authority may invest in any one issuer.

*Interest rate risk* –The Authority does not have a formal policy for addressing interest rate risk; however, investments are made with discretion to seek reasonable returns, preserve capital, and in general, avoid speculative investments. The Authority manages its exposure to declines in fair values from interest rate changes by reviewing the portfolio on an ongoing basis for changes in effective yield rates.

*Custodial credit risk* – For an investment, custodial credit risk is the risk that the Authority will not be able to recover the value of the investments or collateral securities that are in the possession of an outside party. The Authority has no formal policy for custodial risk. None of the investments listed above are exposed to custodial credit risk because their existence is not evidenced by securities that exist in physical or book entry form.

**NOTE 4: CAPITAL ASSETS**

The following is a summary of changes in the capital assets for the year ended September 30, 2022:

<i>September 30,</i>	<b>2021</b>	<b>Additions</b>	<b>Transfers and Retirements</b>	<b>2022</b>
Other capital assets:				
Buildings	\$ 1,064,609	\$ -	\$ -	\$ 1,064,609
Other improvements	71,214	-	-	71,214
Equipment	210,767	-	-	210,767
<b>Total other capital assets</b>	<b>1,346,590</b>	<b>-</b>	<b>-</b>	<b>1,346,590</b>
Less accumulated depreciation for:				
Buildings	(617,806)	(22,127)	-	(639,933)
Other improvements	(21,046)	(19,409)	-	(40,455)
Equipment	(153,254)	(4,798)	-	(158,052)
<b>Total other capital assets</b>	<b>(792,106)</b>	<b>(46,334)</b>	<b>-</b>	<b>(838,440)</b>
<b>Total capital assets, net</b>	<b>\$ 554,484</b>	<b>\$ (46,334)</b>	<b>\$ -</b>	<b>\$ 508,150</b>

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 5: LONG-TERM LIABILITIES**

The Authority has a compensated absence liability for unpaid leave.

Changes in long-term liabilities were as follows:

<i>September 30,</i>		<b>2021</b>	<b>Additions</b>	<b>Reductions</b>		<b>2022</b>	<b>Amount Due Within One Year</b>
Compensated absences	\$	89,103	\$ 37,417	\$ -	\$	126,520	\$ -
	\$	89,103	\$ 37,417	\$ -	\$	126,520	\$ -

**NOTE 6: LEASING ACTIVITIES**

Substantially all of the Authority’s revenue is derived from leasing activities. The Authority leases the land of Santa Rosa Island to residents and businesses on the Island but does not convey ownership. The Authority’s policy is to report all leases as operating leases since the land of the island is not recorded as an asset on the financial statements and the leases do not meet the criteria of a capital lease.

Most residential and many commercial leases are for a period of 99 years. Many of these 99-year leases have options to renew for another 99-year term. Some leases, particularly those for restaurants and concessions, are generally for a shorter period. Each lease provides that any construction on the premises must be performed within an established length of time, and detailed plans and specifications must be approved by the Authority before a building permit is issued. Failure to pay any rentals due or failure to comply with any other covenants of the lease constitutes a violation under the terms of the lease and the Authority may repossess the land and the improvements after required notice if the lessee fails to correct the default.

Certain leases have a provision that allows for an increase in minimum lease fees every five years in proportion to the consumer price index (CPI). No increases, however, have occurred since fiscal year 2010. In 2021, the Authority’s Board approved a total increase of 7.7% for the lease years from 2021 – 2025. The anticipated increases are as follows: 2021: 0%, 2022: 1.7%, and 2023-2025: 2%.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 6: LEASING ACTIVITIES (Continued)**

The following is a schedule of estimated future minimum rentals to be received under these leases for the periods ending September 30.

2023	\$ 1,852,371
2024	1,852,371
2025	1,852,371
2026	1,852,371
2027	1,852,371

The following is a schedule of the number of residential and commercial leaseholders as of:

<u>September 30,</u>	<u>2022</u>
Residential	3,889
Commerical	140

**NOTE 7: RESTRICTED NET POSITION**

Restricted net position is comprised of two primary components: Portofino island improvement funds and certain claim proceeds related to the BP oil spill. The Portofino restricted funds are derived from a portion of the Portofino lease and must be used for future Island improvements. As of September 30, 2022, the restricted Portofino funds equal \$1,476,870.

The Authority also considers certain funds received from BP in prior years relating to the Deepwater Horizon Oil Spill as restricted for the restoration of the Quietwater Beach area. These amounts total \$175,379 at September 30, 2022.

The Authority also has certain funds set aside for maintaining Sabine Park and paying mitigation expenses. The other restricted balances totaled \$43,647 at September 30, 2022.

In addition to restricted net position, the Authority has also designated certain unrestricted net asset amounts for future contingencies and beach renourishment. These amounts total \$5,301,917 as of September 30, 2022 and are included in unrestricted net position on the accompanying Statement of Net Position. At September 30, 2022, the Authority's unrestricted, undesignated net position totals approximately \$3.4 million.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 8: RISK MANAGEMENT**

The Authority is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters. The Authority has established a self-insurance program to cover its risk of loss related to general liability claims and natural disasters. As of September 30, 2022, the Authority has set aside \$1,121,089 in contingency funds to cover any claims that may be filed or other emergencies for which cash flow, particularly in off-seasons, might not be sufficient to cover. This amount is included in the designated net position amount identified in Note 7.

The sovereign immunity limits of the State of Florida restrict general liability claims to \$100,000. General liability claims above \$100,000 would have to be approved by the State Legislature. The Authority participates in the Escambia County self-insurance program to cover its risks of loss related to workers' compensation claims. The Authority pays an annual premium to the program for its coverage. Details of this self-insurance program can be found in the Escambia County, Florida Comprehensive Annual Financial Report. The Authority continues to carry commercial insurance for risks of loss, including property insurance. Settled claims resulting from these risks have not exceeded commercial insurance coverage in any of the past three fiscal years.

**NOTE 9: FEDERAL AND STATE GRANT PROJECTS**

The Authority has entered into various grant agreements with the Federal Emergency Management Agency to fund the elevation of certain properties on Santa Rosa Island. The total of the award agreements approximates \$3.3 million. During 2022, the Authority incurred approximately \$160,000 of expenses related to this program.

The Authority has been awarded grant funds from the State of Florida for beach re-nourishment and restoration and preservation projects as well as for projects and enhancements benefiting Santa Rosa Island. The maximum amount to be received under the two grants is \$125,000. The grants require a match of \$125,000. During 2022, the Authority incurred approximately \$51,000 of expenses related to this program.

Revenue recognized under these federal and state grants totaled \$185,944 for the year ended September 30, 2022.

**NOTE 10: PENSION PLAN**

Essentially all regular employees of the Authority are covered by the Florida Retirement System Pension Plan and Retiree Health Insurance Subsidy Program.

**Santa Rosa Island Authority  
(A Component Unit of Escambia County, Florida)  
Notes to Financial Statements**

**NOTE 10: PENSION PLAN (Continued)**

**Plan Descriptions, Membership and Plan Benefits, and Contribution Requirements**

*Plan Descriptions*

The Florida Retirement System (FRS) is a cost-sharing, multiple-employer retirement system. The FRS was created in Chapter 121, Florida Statutes, to provide a defined benefit pension plan for participating public employees. The FRS was amended in 1998 to add the Deferred Retirement Option Program (DROP) under the defined benefit plan, and amended in 2000 to provide a defined contribution plan alternative to the defined benefit plan for FRS members effective July 1, 2002. This integrated defined contribution pension plan is the FRS Investment Plan (INV). Chapter 112, Florida Statutes, established the Retiree Health Insurance Subsidy (HIS) Program, a cost-sharing multiple-employer defined benefit pension plan, to assist retired members of any state-administered retirement system in paying the costs of health insurance.

The FRS, HIS, and INV are administered by the Florida Department of Management Services, Division of Retirement. Provisions relating to FRS are established by Chapters 121 and 122, Florida Statutes; Chapter 112 Part IV, Florida Statutes; Chapter 238, Florida Statutes; and FRS Rules, Chapter 60S, Florida Administrative Code. The Florida Legislature has the authority to establish and amend retirement legislation and related bills of significance to members of the FRS and HIS plans (including benefit terms and contribution rates). Passed bills are presented to the Governor of Florida and approved before they may be enacted into law.

The FRS, HIS, and INV financial information is included in the Florida Retirement System (System) Pension Plan and Other State Administered Systems Annual Comprehensive Financial Report (ACFR). The System ACFR, including audited financial information to support the Schedules of Employer Allocations and Schedules of Pension Amounts by Employer, are available online at [http://www.dms.myflorida.com/workforce\\_operations/retirement/publications](http://www.dms.myflorida.com/workforce_operations/retirement/publications).

The System CAFR and actuarial reports may also be obtained by contacting the Division of Retirement by mail or phone at:

Division of Management Services  
Division of Retirement  
Bureau of Research and Member Contributions  
P.O. Box 9000  
Tallahassee, FL 32315-9000  
850-907-6500 or toll-free 844-377-1888

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 10: PENSION PLAN (Continued)**

*Membership and Plan Benefits - FRS*

The FRS has several classes of membership applicable to the Authority, including regular class, senior management and DROP. Employees enrolled in the FRS prior to July 1, 2011, vest at six years of creditable service and are eligible for normal retirement benefits at age 62 or at any age after 30 years of service. Employees enrolled in the Plan on or after July 1, 2011, vest at eight years of creditable service and are eligible for normal retirement benefits at age 65 or any time after 33 years of creditable service. Retirees receive a lifetime pension benefit with joint and survivor payment options. The FRS also includes an early retirement provision, but imposes a penalty for each year a member retires before the normal retirement date. Benefits are computed on the basis of age, average final compensation, creditable years of service, and accrual value by membership class.

As provided in Section 121.101, Florida Statutes, if the member is initially enrolled in the FRS before July 1, 2011, and all service credit was accrued before July 1, 2011, the annual cost-of-living adjustment is 3 percent per year. If the member is initially enrolled before July 1, 2011, and has service credit on or after July 1, 2011, there is an individually calculated cost-of-living adjustment. The annual cost-of-living adjustment is a proportion of 3 percent determined by dividing the sum of the pre-July 2011 service credit by the total service credit at retirement multiplied by 3 percent. Plan members initially enrolled on or after July 1, 2011, will not have a cost-of-living adjustment after retirement.

A DROP was established effective July 1, 1998, subject to provisions of Section 121.091, Florida Statutes. It permits employees eligible for normal retirement under the FRS to defer receipt of monthly benefit payments while continuing employment with an FRS participating employer. An employee may participate in DROP for a period not to exceed 60 months after electing to participate, except certain instructional personnel may participate for up to 96 months. During the period of DROP participation, deferred monthly benefits are held in the FRS Trust Fund and accrue interest. The net pension liability does not include amounts for DROP participants, as these members are considered retired and are not accruing additional pension benefits.

*Membership and Plan Benefits - HIS*

HIS membership is available to all members within the FRS plan. The benefit is a monthly payment to assist retirees of State-administered retirement systems in paying their health insurance costs. Eligible retirees and beneficiaries received a monthly HIS payment equal to the number of years of service credited at retirement multiplied by \$5. The minimum payment is \$30 and the maximum payment is \$150 per month, pursuant to Section 112.363, Florida Statutes. To be eligible to receive a HIS benefit, a retiree under a State administered retirement system must provide proof of eligible health insurance coverage, which can include Medicare.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 10: PENSION PLAN (Continued)**

Contribution Requirements

Employer contributions rates are actuarially recommended but set, and may be amended, by the Florida Legislature. These rates are a percentage of covered payroll. The FRS and HIS contribution rates were as follows:

	<b>Employee Required Contribution</b>	<b>Employer Required Contribution</b>	<b>Total Required Contribution</b>
Regular employees:			
October 1, 2021 through June 30, 2022	3.00%	10.82%	13.82%
July 1, 2022 through September 30, 2022	3.00%	11.91%	14.91%
Employees in the Deferred Retirement Option Program (DROP):			
October 1, 2021 through June 30, 2022	n/a	18.34%	18.34%
July 1, 2022 through September 30, 2022	n/a	18.60%	18.60%
Senior Management Service Class (SMSC):			
October 1, 2021 through June 30, 2022	3.00%	29.01%	32.01%
July 1, 2022 through September 30, 2022	3.00%	31.57%	34.57%

Employer rates include 1.66 percent for the HIS program. In addition, regular employees are required to contribute an amount equal to 3% of their salary as retirement contributions. Members participating in the DROP are not required to make 3 percent contributions. The Authority's contributions to the Plan totaled \$105,655 for the year ended September 30, 2022.

**FRS and HIS Significant Assumptions and Rate of Return**

Basis of Accounting

Information about the FRS and HIS assets, deferred outflows of resources, liabilities, deferred inflows of resources, and fiduciary net position can be found in the System ACFR. The System ACFR is available online or can be obtained as mentioned previously. The FRS and HIS fiduciary net position and additions to/deductions from the fiduciary net position have been determined based on the System's records, which utilize the flow of economic resources measurement focus and accrual basis of accounting. For this purpose, benefit payments (including refund of employee contributions) are recognized when due and payable. Investments are reported at fair value. Contributions are recognized as revenue when due, pursuant to statutory and contractual requirements. There have been no significant changes since the publication of the System ACFR.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 10: PENSION PLAN (Continued)**

Actuarial Methods and Assumptions

Actuarial assumptions for both the FRS and HIS are reviewed annually by the Florida Retirement System Actuarial Assumptions Conference. The FRS has a valuation performed annually and the HIS has a valuation performed biennially that is updated for GASB reporting in the year a valuation is not performed. The most recent experience study for the FRS was completed in 2019 for the period July 1, 2013 through June 30, 2018. Because the HIS is funded on a pay-as-you-go basis, no experience study has been completed.

The total pension liability for the FRS and HIS was determined by an actuarial valuation as of July 1, 2022, using the individual entry age normal actuarial cost method. Inflation increases for both plans is assumed at 2.4 percent. Payroll growth for both plans is assumed at 3.25 percent. Mortality assumptions for both the FRS Pension Plan and the HIS program were based on the PUB-2010 base table. Both the discount rate and long-term expected rate of return used for FRS investments is 6.7 percent. The FRS fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees; therefore, the discount rate for calculating the total pension liability is equal to the long-term expected rate of return. Because the HIS program uses a pay-as-you-go funding structure, a municipal bond rate of 3.54 percent was used to determine its total pension liability.

In October 2018, the Actuarial Assumptions Conference adopted the Bond Buyer General Obligation 20-Bond Municipal Bond Index as the applicable municipal bond index. As of June 30, 2022, the municipal rate used by HIS decreased from 2.16 percent to 3.54 percent.

Long-Term Rate of Return

To develop an analytical basis for the selection of the long-term expected rate of return assumption, in October 2022 the FRS Actuarial Assumption Conference reviewed assumptions by Milliman's Capital Markets assumption team and Aon Hewitt Investment Consulting. Each asset class assumption is based on a consistent set of underlying assumptions, and includes an adjustment for the inflation assumption. These assumptions are not based on historical returns, but instead are based on a forward-looking capital market economic model.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 10: PENSION PLAN (Continued)**

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Annual Arithmetic Return
Cash	1.00%	2.6%
Fixed Income	19.80%	4.4%
Global Equity	54.00%	8.8%
Real Estate (Property)	10.30%	7.4%
Private Equity	11.10%	12.0%
Strategic Investments	3.80%	6.2%
<b>Total</b>	<b>100.00%</b>	

The HIS is essentially funded on a pay-as-you-go basis. As such, there is no assumption for a long-term expected rate of return on a portfolio, no assumptions for cash flows into and out of the plan, or assumed asset allocation.

*District's Share of Net Pension Liability*

Employers participating in the FRS and HIS were provided pension allocation schedules for use in recording their proportionate share of the FRS and HIS net pension liability (NPL), deferred outflows of resources, deferred inflows of resources, and pension expense at measurement date June 30, 2022. The underlying financial information used to prepare the pension allocation schedules is based on the same basis as mentioned previously.

At September 30, 2022, the Authority reported a liability of \$853,180 for its proportionate share of the net pension liability of the FRS and HIS. The net pension liability was measured as of June 30, 2022, respectively, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of July 1, 2022.

The Authority's proportionate share was calculated using the retirement contributions for employees that were members of the FRS and HIS during the measurement year ended June 30, 2022. The aggregate employer contribution amounts for the fiscal year ended June 30, 2022, in the pension allocation schedules agree to the total employer contribution amounts reported in the System CAFR.

For the year ended September 30, 2022, the Authority recognized pension expense (recovery) of \$58,814 related to the FRS and \$(31,178) related to the HIS.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 10: PENSION PLAN (Continued)**

At September 30, 2022, the Authority reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

<b>September 30, 2022</b>				
Description	FRS		HIS	
	Def Outflows	Def Inflows	Def Outflows	Def Inflows
Differences between expected and actual experience	\$ 30,238	\$ -	\$ 6,572	\$ 953
Changes of assumptions	78,408	-	12,411	33,495
Net difference between projected and actual investment earnings	42,039	-	313	-
Changes in proportion	73,773	115,984	11,186	36,572
Authority contributions subsequent to the measurement date	19,303	-	3,459	-
Total	\$ 243,761	\$ 115,984	\$ 33,941	\$ 71,020

Deferred outflows of resources of \$22,762 are reported by the Authority for employer contributions subsequent to the measurement date and will be recognized as a reduction of the net pension liability in the fiscal year ended September 30, 2023. Deferred outflows of resources of \$19,169 for the year ended September 30, 2021, were recognized as a reduction of the net pension liability in the fiscal year ended September 30, 2022.

Other amounts reported as deferred outflows of resources and inflows of resources related to pensions will be recognized as pension expense as follows:

<i>Fiscal Year Ending September 30,</i>	FRS	HIS	Net
2023	\$ 23,190	\$ (25,253)	\$ (2,063)
2024	9,131	(5,207)	3,924
2025	(17,882)	(609)	(18,491)
2026	98,880	(2,085)	96,795
2027	(4,845)	(4,935)	(9,780)
Thereafter	-	(2,449)	(2,449)

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 10: PENSION PLAN (Continued)**

The following table presents information on the Authority’s proportionate share of the FRS and HIS.

	<u>FRS</u>	<u>HIS</u>	<u>Total</u>
Proportionate Share of Net Pension:			
September 30, 2019	\$ 636,661	\$ 216,519	\$ 853,180
Authority's proportion at September 30, 2020	0.001711%	0.002044%	

Discount Rate Sensitivity Analysis

The following tables demonstrate the sensitivity of the Authority’s proportionate share of the net pension liability to changes in the discount rate. The sensitivity analysis shows the impact if the discount rate was 1 percent higher or 1 percent lower than the current discount rate at September 30, 2022.

<u>FRS Net Pension Liability</u>			<u>HIS Net Pension Liability</u>		
Current			Current		
1% Decrease	Discount Rate	1% Increase	1% Decrease	Discount Rate	1% Increase
5.70%	6.70%	7.70%	2.54%	3.54%	4.54%
\$ 1,101,062	\$ 636,661	\$ 248,367	\$ 247,716	\$ 216,519	\$ 190,705

**NOTE 11: OTHER POST-EMPLOYMENT BENEFITS**

**Plan Description:** The Authority participates in the benefit plans and programs of Escambia County, Florida (the “County”). Pursuant to Section 112.0801 Florida Statutes, the Authority is required to provide eligible retirees (as defined in the County’s pension plans) the opportunity to participate in this Plan at the same cost that is applicable to active employees. Eligible retirees must be drawing an immediate benefit from their respective pension plan and be enrolled in medical coverage prior to retirement. Surviving spouses of participants are allowed access to the Plan but must pay the full premium. Benefit provisions for the Plan were established by the County’s Board of Directors and may only be amended by the County’s Board of Directors. The County does not issue stand-alone financial statements for this Plan. All financial information related to the Plan is accounted for in the County’s basic financial statements.

**Funding Policy:** The Authority is funding the post employee benefits on a pay-as-you-go basis. Contribution rates for the Plan are established by the County annually. For the fiscal year ended September 30, 2022, the Authority contributed approximately \$5,000. Blended premium rates for active and retired employees combined provide an implicit subsidy for retirees because on actual basis, their current and future claims are expected to result in higher costs to the Plan than those of active employees. The current year contribution represents an estimate of this implied subsidy.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 11: OTHER POST-EMPLOYMENT BENEFITS (Continued)**

**Plan Membership:** At October 1, 2022, OPEB membership consisted of the following:

	<b>SRIA</b>
Inactive members currently receiving benefits	8
Active members	12
Total	20

The Authority’s covered payroll constituted approximately 0.81%, for the year ended September 30, 2022 of the total payroll costs for all entities included in the actuarial calculation. Accordingly, the County has allocated approximately 0.81% of the actuarially calculated amounts to the Authority in fiscal year 2022.

**Actuarial Assumptions and Other Inputs:** The total OPEB liability in the September 30, 2022 actuarial assumptions and other inputs, applied to all period in the measurement, unless otherwise specified:

Inflation	2.25 percent
Salary increases	3.40 percent to 7.80 percent, including inflation
Discount rate	2.19 percent
Health care cost trend rates	Getzen Model, with trend starting at 6.00% for 2022 and gradually decreasing to an ultimate trend of 3.75%

The discount rate was based on an index rate for 20 year tax-exempt general obligation municipal bonds with an average AA credit rating or higher.

Mortality rates were taken from adjusted Pub-2010 mortality tables published by the Society of Actuaries with generational mortality improvements using Scale MP-2018. They are based on the results of a stateside experience study covering the period 2013 through 2018.

At September 30, 2022, the Authority reported a net OPEB liability of \$122,548. The GASB 75 information has been provided as of the September 30, 2021 measurement date.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 11: OTHER POST-EMPLOYMENT BENEFITS (Continued)**

The change in net OPEB liability for the year ended September 30, 2022 is as follows:

		Increase (Decrease)
		Net OPEB Liability Liability
Balance as of September 30, 2021	\$	114,419
Changes for the year:		
Service cost		4,855
Interest		2,416
Difference between expected & actual experience		(8,558)
Changes in assumptions		14,927
Benefit payments		(5,511)
Net Change in OPEB		8,129
Balance as of September 30, 2022	\$	122,548

Changes in assumptions and other inputs reflect a change in the discount rate from 2.41% as of September 30, 2021 to 2.19% as of September 30, 2022. The methods, assumptions, and participant data used are detailed in the actuarial valuation report the fiscal year ended September 30, 2021. These calculations are based in the Entry Age Normal cost method required by GASB 75.

**Sensitivity of the Net OPEB Liability:** The following table represents the Authority’s total and net OPEB liability calculated using the discount rate of 2.19%, as well as what the Authority’s net OPEB liability would be if it were calculated using a discount rate that is one percentage point lower (1.19%) or one percentage point higher (3.19%) than the current rate:

	1% Decrease (1.19%)	Discount Rate (2.19%)	1% Increase (3.19%)
Net OPEB liability	\$ 135,008	\$ 122,548	\$ 111,718

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 11: OTHER POST-EMPLOYMENT BENEFITS (Continued)**

The following table represents the Authority’s total and net OPEB liability calculated using the health care cost trend rate of 6.50% decreasing to 3.75%, as well as what the Authority’s net OPEB liability would be if it were calculated using a health care cost trend rate that is one percentage point lower (5.50% decreasing to 2.75%) or one percentage point higher than the current rate:

	1% Decrease (5.50% decreasing to 2.75%)	Healthcare Cost Trend (6.50% decreasing to 3.75%)	1% Increase (7.50% decreasing to 4.75%)
Net OPEB liability	\$ 114,783	\$ 122,548	\$ 131,846

**OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB**

For the fiscal year ended September 30, 2022, the Authority recognized OPEB expense of \$6,200.

In addition, the Authority reported deferred outflows of resources and deferred inflows of resources related to the OPEB plan from the following sources:

Description	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ 11,240
Changes in assumptions and other inputs	14,109	3,700
Estimated benefits paid after the measurement date	5,641	-
Total	\$ 19,750	\$ 14,940

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 11: OTHER POST-EMPLOYMENT BENEFITS (Continued)**

The deferred outflows of resources related to OPEB, totaling \$5,641 resulting from Authority contributions subsequent to the measurement date, will be recognized as a reduction of the net OPEB liability in the fiscal year ending September 30, 2023. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to the OPEB plan will be recognized in the expense as follows:

<u><i>Fiscal Year Ending September 30,</i></u>	
2022	\$ (1,071)
2023	(1,071)
2024	(832)
2025	(398)
2026	868
Thereafter	1,673

**NOTE 12: RELATED PARTY TRANSACTIONS**

The Authority reimburses Escambia County for Pensacola Beach trolley services, which totaled \$219,858 for the year ended September 30, 2022. In addition, the Authority pays Escambia County for its employees' workers' compensation insurance and health and life insurance. During the year ended September 30, 2022, the Authority expended \$1,196 for workers' compensation insurance and \$132,714 for health and life insurance. The Authority also reimbursed the County \$206,000 for fire and rescue services during the year ended September 30, 2022. There were no amounts due to the County at September 30, 2022.

**NOTE 13: COMMITMENTS AND CONTINGENCIES**

***Grants Contingencies***

The Authority has received federal and state financial assistance for costs related to capital improvements and disaster assistance on Santa Rosa Island. The disbursement of funds received under these programs is subject to review and audit by grantor agencies. Any disbursements disallowed by these agencies could become a liability of the Authority. In the opinion of management, any such claims should not have a material adverse effect on the financial statements.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Financial Statements**

**NOTE 13: COMMITMENTS AND CONTINGENCIES (Continued)**

***Windstorm***

The insurance policy for windstorm coverage includes a deductible amount for named hurricane storms estimated at approximately \$60,000. In addition, the Authority's windstorm policy is underwritten by the State of Florida's Citizens Property Insurance Corporation (Citizens). In the event Citizens incurs a deficit that exceeds the amount collected via regular premiums, an emergency assessment may be levied. The Authority may be required to pay substantially more in insurance premiums relating to the year for which the emergency assessment is levied.

***Litigation***

The Authority is involved in various lawsuits and claims incidental to the normal course of its operations. In the opinion of management, the ultimate liability, if any, resulting from such litigation will not materially affect the financial position or results of operations of the Authority.

## **Supplementary Information**

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Schedule of Changes in the Net OPEB Liability and Related Ratios**  
**(Last 10 Fiscal Years)**

<i>September 30,</i>	<b>2022</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
<b>Total OPEB Liability:</b>					
Service cost	\$ 4,855	\$ 4,235	\$ 4,966	\$ 4,907	\$ 5,051
Interest	2,416	2,473	3,628	3,195	2,814
Difference between expected and actual experience	(8,558)	-	(6,024)	-	-
Changes of assumptions and other inputs	14,927	1,327	(1,834)	(2,654)	(3,243)
Benefit payments	(5,511)	(4,819)	(4,755)	(4,358)	(3,565)
Net change in total OPEB liability	8,129	3,216	(4,019)	1,090	1,057
Total OPEB liability, beginning	114,419	111,203	115,222	114,132	113,075
Total OPEB liability, ending	\$ 122,548	\$ 114,419	\$ 111,203	\$ 115,222	\$ 114,132
<b>Covered employee payroll</b>	\$ 698,414	\$ 698,414	\$ 734,288	\$ 665,479	\$ 665,279
<b>Net OPEB liability as a percentage of covered employee payroll</b>	17.55%	16.38%	15.14%	17.31%	17.16%

*Note: Data was unavailable prior to 2018.*

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Schedule of Proportionate Share of Net Pension Liability –**  
**Florida Retirement System (Last 10 Fiscal Years)**

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Authority's proportion of the net pension liability (asset)	0.001711%	0.002135%	0.001797%	0.001892%	0.001833%	0.001811%	0.002740%	0.004716%	0.004534%
Authority's proportionate share of the net pension liability (asset)	\$ 636,661	\$ 161,262	\$ 779,064	\$ 651,585	\$ 552,053	\$ 535,669	\$ 691,797	\$ 609,193	\$ 276,640
Authority's covered - employee payroll	\$ 661,810	\$ 802,299	\$ 663,259	\$ 672,986	\$ 635,493	\$ 611,634	\$ 700,715	\$ 1,681,563	\$ 1,641,364
Authority's proportionate share of the net pension liability (asset) as a percentage of its own covered-employee payroll	96.20%	20.10%	117.46%	96.82%	86.87%	87.58%	76.02%	39.47%	24.68%
FRS Plan fiduciary net position as a percentage of the total pension liability	82.89%	96.40%	78.85%	82.61%	84.26%	83.89%	84.88%	92.00%	96.09%

*Note: Data was unavailable prior to 2014.*

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Schedule of Contributions –**  
**Florida Retirement System (Last 10 Fiscal Years)**

	<b>2022</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
Contractually required contribution	\$ 89,445	\$ 84,273	\$ 69,448	\$ 62,386	\$ 61,341	\$ 47,790	\$ 60,147	\$ 122,187	\$ 113,898
Contributions in relation to the contractually required contribution	89,445	84,273	69,448	62,386	61,341	47,790	60,147	122,187	113,898
<b>Contribution deficiency (excess)</b>	<b>\$ -</b>	<b>\$ -</b>							
Authority's covered-employee payroll	\$ 661,810	\$ 802,299	\$ 663,259	\$ 672,986	\$ 635,493	\$ 611,634	\$ 700,715	\$ 1,681,563	\$ 1,641,364
Contributions as a percentage of covered- employee payroll	13.5%	10.5%	10.5%	9.3%	9.7%	7.8%	8.6%	7.3%	6.9%

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Schedule of Proportionate Share of Net Pension Liability –**  
**Health Insurance Subsidy Program (Last 10 Fiscal Years)**

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Authority's proportion of the net pension liability (asset)	0.002044%	0.002094%	0.001974%	0.002070%	0.002027%	0.002066%	0.003198%	0.005492%	0.005467%
Authority's proportionate share of the net pension liability (asset)	\$ 216,519	\$ 256,871	\$ 241,000	\$ 231,642	\$ 214,524	\$ 220,892	\$ 372,749	\$ 560,130	\$ 511,138
Authority's covered - employee payroll	\$ 661,810	\$ 802,299	\$ 663,259	\$ 672,986	\$ 635,493	\$ 611,634	\$ 700,715	\$ 1,681,563	\$ 1,641,364
Authority's proportionate share of the net pension liability (asset) as a percentage of its own covered-employee payroll	32.7%	32.0%	36.3%	34.4%	33.8%	36.1%	53.2%	33.3%	31.1%
FRS Plan fiduciary net position as a percentage of the total pension liability	4.81%	3.56%	3.00%	2.63%	2.15%	1.64%	0.97%	0.50%	0.99%

*Note: Data was unavailable prior to 2014.*

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Schedule of Contributions –**  
**Health Insurance Subsidy Program (Last 10 Fiscal Years)**

	<b>2022</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
Contractually required contribution	\$ 16,210	\$ 16,774	\$ 16,929	\$ 15,691	\$ 16,266	\$ 13,538	\$ 17,829	\$ 25,197	\$ 25,197
Contributions in relation to the contractually required contribution	16,210	16,774	16,929	15,691	16,266	13,538	17,829	25,197	25,197
<u>Contribution deficiency (excess)</u>	<u>\$ -</u>	<u>\$ -</u>							
Authority's covered-employee payroll	\$ 661,810	\$ 802,299	\$ 663,259	\$ 672,986	\$ 635,493	\$ 611,634	\$ 700,715	\$ 1,681,563	\$ 1,641,364
Contributions as a percentage of covered- employee payroll	2.4%	2.1%	2.6%	2.3%	2.6%	2.2%	2.5%	1.5%	1.5%

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Notes to Required Supplementary Information**

**NOTE 1: OPEB PLAN**

The actuarial methods and assumptions used to calculate the total OPEB liability are described in Note 11 to the financial statements.

The net OPEB liability amount presented for each fiscal year was determined as of September 30 measurement date prior to the fiscal year-end.

The schedule is intended to present ten years of data. Additional years of data will be presented as they become available.

The Authority has not presented a Schedule of Contributions since an actuarially determined contribution has not been calculated and there is no contractually or statutorily determined contribution applicable to the Authority.

**NOTE 2: PENSION PLAN**

The actuarial methods and assumptions used to calculate the total pension liability (asset) are described in Note 10 to the financial statements.

The net pension liability amounts presented for each fiscal year were determined as of the June 30 measurement date prior to the fiscal year-end.

The schedules are intended to present ten years of data. Additional years of data will be presented as they become available.

**FRS:** The long-term expected rate of return decreased from 6.8% to 6.7%

**HIS:** The municipal bond rate used to determine total pension liability was increased from 2.16% to 3.54%.

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Schedule of Operating Revenues and Expenses – Budget and Actual**

<i>For the year ended September 30,</i>	<b>2022</b>				
	<b>Actual (GAAP Basis)</b>	<b>Adjustment to Budgetary Basis</b>	<b>Actual (Budgetary Basis)</b>	<b>Budget</b>	<b>Variance Favorable (Unfavorable)</b>
Operating revenues					
Lease fees					
Commercial	\$ 4,836,581	\$ -	\$ 4,836,581	\$ 3,071,570	\$ 1,765,011
Residential	1,196,254	-	1,196,254	1,363,688	(167,434)
Interest income	11,790	-	11,790	-	11,790
Other operating revenue	153,558	-	153,558	-	153,558
<b>Total operating revenues</b>	<b>6,198,183</b>	<b>-</b>	<b>6,198,183</b>	<b>4,435,258</b>	<b>1,762,925</b>
Operating expenses					
Personal services	1,312,741	-	1,312,741	1,571,322	258,581
Contractual and professional services	414,753	-	414,753	867,882	453,129
Supplies	14,490	-	14,490	24,575	10,085
Utilities	42,767	-	42,767	50,000	7,233
Advertising and promotion	739,333	-	739,333	656,750	(82,583)
Capital outlay	402,612	-	402,612	1,029,900	627,288
Other operating expense	314,138	-	314,138	348,590	34,452
<b>Total operating expenses before depreciation</b>	<b>3,240,834</b>	<b>-</b>	<b>3,240,834</b>	<b>4,549,019</b>	<b>1,308,185</b>
Depreciation	46,334	(46,334)	-	-	-
<b>Total operating expenses</b>	<b>3,287,168</b>	<b>(46,334)</b>	<b>3,240,834</b>	<b>4,549,019</b>	<b>1,308,185</b>
Operating income (loss)	2,911,015	46,334	2,957,349	(113,761)	3,071,110
Non-operating revenues (expenses)					
Grant revenues	185,944	-	185,944	-	185,944
Grant project expenses	(212,594)	-	(212,594)	(1,000,000)	787,406
Payments to Escambia County - fire and rescue	(206,000)	-	(206,000)	(206,000)	-
Other income	84,103	-	84,103	30,000	54,103
<b>Net non-operating revenues (expenses)</b>	<b>(148,547)</b>	<b>-</b>	<b>(148,547)</b>	<b>(1,176,000)</b>	<b>1,027,453</b>
<b>Change in net position</b>	<b>\$ 2,762,468</b>	<b>\$ 46,334</b>	<b>\$ 2,808,802</b>	<b>\$ (1,289,761)</b>	<b>\$ 4,098,563</b>

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

To the Board of Supervisors  
Santa Rosa Island Authority  
Pensacola, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities of Santa Rosa Island Authority (hereinafter referred to as the "Authority"), as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated February 17, 2023.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

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

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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify a deficiency in internal control, IC 2022-001, described in the attached schedule of findings that we consider to be a material weakness.

## **Compliance and Other Matters**

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

## **Santa Rosa Island Authority's Response to Findings**

Santa Rosa Island Authority's response to the findings identified in our audit is described in the attached schedule. Santa Rosa Island Authority's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

## **Purpose of this Report**

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

*Carr, Riggs & Ingram, L.L.C.*

CARR, RIGGS & INGRAM, LLC

Miramar Beach, Florida

February 17, 2023

**Santa Rosa Island Authority**  
**(A Component Unit of Escambia County, Florida)**  
**Schedule of Findings**  
**For the Year Ended September 30, 2022**

**Finding IC2022-001: Financial Close Process**

Criteria: Rules 10.557(3)(i) and 10.556(3) of the Florida Auditor General, along with other rules and laws, require that the Authority's financial statements be in accordance with the *GASB Codification of Governmental Accounting and Financial Reporting Standards*. The statements should be prepared in accordance with generally accepted accounting principles (GAAP).

Condition: One of the principal methods that a government uses to document accountability for public resources it receives and uses is by the information included in its financial statements. As such, Authority personnel should ensure that the financial information is accurate. In addition, during our audit procedures, while most areas were prepared accurately and correctly, audit adjusting entries were required to correct certain items. These include:

- The balances for grant revenue, deferred revenue and grant receivables were not adjusted to account for current year activity.
- Certain pension and other post-employment benefit liabilities.
- Net position balances.
- Capital assets.
- Other miscellaneous adjustments.

Cause: The above adjustments occurred mainly as a result of a lack of knowledge regarding complicated accounting pronouncements or simple errors. We were able to identify the necessary adjustments during our audit procedures to ensure the Authority's financial statements and supplementary information were properly reported, and Authority personnel accepted these adjustments. However, our audit procedures cannot substitute for management's responsibility to ensure that the Authority's financial statements are completely accurate.

Effect: The Authority's financial statements could contain inaccuracies.

Recommendation: The Authority should improve its financial reporting procedures to ensure that financial statement account balances and transactions are properly reported. Such procedures may include enhanced review to ensure accuracy of the financial statements.

Management's response: The costs of internally preparing the financial statements outweigh the benefit; therefore the Authority will continue to have Carr, Riggs & Ingram, LLC assist in drafting the financial statements.

## **MANAGEMENT LETTER**

To the Board of Directors and Chief Executive Officer  
Santa Rosa Island Authority  
Pensacola, Florida

### **Report on the Financial Statements**

We have audited the financial statements of the Santa Rosa Island Authority (“Authority”) as of and for the fiscal year ended September 30, 2022, and have issued our report thereon dated February 17, 2023.

### **Auditors' Responsibility**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Chapter 10.550, Rules of the Florida Auditor General.

### **Other Reporting Requirements**

We have issued our Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards* and Independent Accountant's Report on an examination conducted in accordance with AICPA Professional Standards, AT-C 315, regarding compliance requirements in accordance with Chapter 10.550, Rules of the Auditor General. Disclosures in those reports and schedule, which are dated February 17, 2023, should be considered in conjunction with this management letter.

### **Prior Audit Findings**

Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. Corrective actions have been taken to partially address findings and recommendations made in the preceding financial audit report. Certain aspects of prior year finding IC2021-001, such as grant revenues and pension liabilities, have been repeated in the current year. That comment was also included in the second preceding fiscal year audit report. The Authority's response to the comment identified in our audit is described on page 39.

## **Official Title and Legal Authority**

Section 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. This information is disclosed in the notes to the financial statements.

## **Financial Condition and Management**

Section 10.554(1)(i)5.a. and 10.556(7), Rules of the Auditor General, requires us to apply appropriate procedures and communicate the results of our determination as to whether or not the Authority met one or more conditions described in Section 218.503(1), Florida Statutes, and to identify the specific conditions met. In connection with our audit, we determined that the Authority did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.b. and 10.556(8), Rules of the Auditor General, we applied financial condition assessment procedures for the Authority. It is management's responsibility to monitor Authority's financial condition, and our financial condition assessment was based in part on representation made by management and review of financial information provided by same.

Section 10.554(1)(i)2., Rules of the Auditor General, requires that we communicate any recommendations to improve financial management. In connection with our audit, we did not have any such recommendations.

## **Specific Information**

As required by Section 218.39(3)(c), Florida Statutes, and Section 10.554(1)(i)6., Rules of the Auditor General, the Santa Rosa Island Authority reported:

- a. The total number of authority employees compensated in the last pay period of the authority's fiscal year as 13.
- b. The total number of independent contractors to whom nonemployee compensation was paid in the last month of the authority's fiscal year as 0.
- c. All compensation earned by or awarded to employees, whether paid or accrued, regardless of contingency as \$802,192.
- d. All compensation earned by or awarded to nonemployee independent contractors, whether paid or accrued, regardless of contingency as \$0
- e. The Authority did not identify any construction projects with a total cost of at least \$65,000 approved by the Authority that are scheduled to begin on or after October 1 of the fiscal year begin reported.
- f. The Authority did not amend its final adopted budget under Section 189.016(6), Florida Statutes.

## **Additional Matters**

Section 10.554(1)(i)3., Rules of the Auditor General, requires us to communicate noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but warrants the

attention of those charged with governance. In connection with our audit, we did not have any such findings.

**Purpose of this Letter**

Our management letter is intended solely for the information and use of Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, the Board of Directors, and applicable management, and is not intended to be and should not be used by anyone other than these specified parties.

*Carr, Riggs & Ingram, L.L.C.*

CARR, RIGGS & INGRAM, LLC

Miramar Beach, Florida  
February 17, 2023



Carr, Riggs & Ingram, LLC  
Certified Public Accountants  
500 Grand Boulevard  
Suite 210  
Miramar Beach, Florida 32550

(850) 837-3141  
(850) 654-4619 (fax)  
CRlcpa.com

## INDEPENDENT ACCOUNTANTS' REPORT

To the Board Members and Chief Executive Officer  
Santa Rosa Island Authority  
Pensacola, Florida

We have examined Santa Rosa Island Authority's compliance with the requirements of Section 218.415, Florida Statutes, *Local Government Investment Policies*, during the year ended September 30, 2022. Management of the Authority is responsible for the Authority's compliance with the specified requirements. Our responsibility is to express an opinion on the Authority's compliance with the specified requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the Authority complied, in all material respects, with the specified requirement referenced above. An examination involves performing procedures to obtain evidence about whether the Authority complied with the specified requirements. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that our examination provides a reasonable basis for our opinion.

Our examination does not provide a legal determination on the Authority's compliance with specified requirements.

In our opinion, the Authority complied, in all material respects, with the aforementioned requirements for the year ended September 30, 2022.

This report is intended solely for the information and use of management and the State of Florida Auditor General and is not intended to be and should not be used by anyone other than these specified parties.

*Carr, Riggs & Ingram, L.L.C.*

CARR, RIGGS & INGRAM, LLC

Miramar Beach, Florida  
February 17, 2023

**17**

**Visit Pensacola (Unified)**



## Fully-Completed Agency Funding Request Application

*Visit Pensacola, Inc. / Unified Budget  
Application*



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

### **APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

### **GENERAL INFORMATION**

**Agency Name:** Visit Pensacola, Inc

**Agency Address:** 1401 E. Gregory Street, Pensacola, FL 32502

**Program Name for which funding is being requested:**

Visit Pensacola Unified Tourism Budget  
The Unified Budget represents Arts, Culture and Entertainment (ACE), Pensacola Sports (PS), and Visit Pensacola, Inc. (VPI).

**Amount Requested:** \$13,000,000

**Program Contact:** Darien Schaefer

Contact Email: [dschaefer@visitpensacola.com](mailto:dschaefer@visitpensacola.com) Contact Phone: (760) 694-2383

**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 to the county, resulting in spending by the visitors in the local economy, supporting local jobs and contributing to the local government tax base.

**How many years has your organization been providing services in the County?** 10 Years

**How many years has your organization received funding from the County?** 10 Years

**Explain how receiving funds from the County would have a significant impact on your organization:**

Visit Pensacola's primary purpose is tourism promotion. Our main objective is to increase the economic impact of visitors to our community; collaborate with local entities (business and governmental) for the development of tourism; raise the quality of life for community residents; and continue fostering a collective collaboration among organizations, governmental entities, and community members.

With a collaborative approach, we maximize the limited TDT dollars to get the best return on investment for the County. TDT dollars are the primary revenue stream for Visit Pensacola to fund its tourism promotions. We could not provide destination marketing services without it.

Receiving funds from the County continue to have a significant impact on our organization as these funds allow us to directly contribute back to our local economy and our local government tax base.

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 (membership, cooperative advertising, and events) it is not enough to make up for any loss of TDT revenue. Other funding is used for expenses that are non-reimbursable from tourism tax dollars requirements, i.e. gratuities, above GSA allowances, etc.

## **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

**Amount Received Last Year, if applicable:** \$10,400,000

### **Briefly discuss how last year's funds were used?**

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. While our primary focus is leisure travel, we also bring meetings & conferences, reunions, group tours, weddings, festivals and major events. The funding received for the Unified Budget is distributed between Visit Pensacola (75%), ACE (15.25%) and Pensacola Sports (9.75%).

Business travel began to return this past year which brought opportunities for Visit Pensacola to re-engage with domestic and international travel-trade groups, tour operators, and meeting planners to drive future business. The event grant program helped festivals and events make a comeback in 2022.

Our primary campaign, "The Way To Beach" is our central brand campaign and the basis upon which niche campaigns are built. Our "drive market" focus is a radius of 500 miles which includes 24 of the top 25 DMAs that book overnight stays in Escambia County.

We increased advertising in successful campaigns including Direct Flight Markets, Winter Travelers (Snowbirds), and interest markets including fishing, diving, foodies, craft beer, birding enthusiasts, sports and LGBTQ. Our "While You're Here" campaign delivers digital ads to visitors while they are in-market to showcase arts and culture, festivals and events, history and outdoor activities.

We were able to expand our TV and Radio Campaigns including an Alabama Football and SEC Football promotion, the Hallmark Channel, and a cooperative regional TV campaign through Visit Florida.

New activations included the Garden & Gun Seafood Rodeo showcasing the culinary skills of Pensacola Chefs and the Chicago Air & Water Show in cooperation with the Naval Aviation Museum.

We funded and contributed significant staff time expand the ROI of the Sun Belt Conference Basketball Championships. We work in cooperation with Visit Florida on cooperative advertising opportunities to include a TV Campaign, Media FAMs, tradeshow, print advertising, Visitor Guide and Map.

Sales efforts were expanded to capture the return of group business including meetings, group tours, reunions, and weddings.

Through Pensacola Sports, existing events have grown and new events are brought to Escambia County including the Women's SEC Soccer Championship. ACE has increased visitation through the success of

the Foo Foo Festival and “Vacation Artfully” marketing campaign.

**Briefly discuss the County’s Return on Investment relative to last year’s funding? In other words, what impact did your program have on the citizens of Escambia County?**

Visit Pensacola’s layered approach includes Advertising, Direct Sales, Public Relations, Promotions, Research and servicing the visitor (information centers). Our research has shown FY22 increases across the board in Total Visitors of 2,509,100 people (up 1.1%), Visitor Spending of \$1,309,013,600 (up 4.4%), and economic impact of \$2,011,337,500 (up 3.9%).

For every dollar (\$1) invested in our tourism marketing, \$29.28 is returned to local businesses through visitor spending, and \$1.76 is returned to Escambia County government in tax revenue. Tourism represents 22,000 jobs in Escambia County. Visitors to Escambia County save local residents \$630 in county taxes per household each year. 66% of visitor spending is outside of lodging and spent in local businesses including retail, restaurants, attractions grocery stores and gas stations.

**CURRENT YEAR REQUEST**

**Briefly discuss how the funding you are currently requesting will be used. 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 “The Way To Beach”...an authentic, must-see beach destination. To gain the desired positioning, Visit Pensacola brings together a wide variety of organizations, businesses, and interests and provides a leadership role in unifying these assets within the destination to market as one. Visit Pensacola is requesting funds to support the marketing and sales efforts to attract visitors for leisure, meetings, weddings, reunions etc. and act as an outlet to provide information to potential visitors. Our request is part of a greater request as a unified budget that includes Pensacola Sports (PS) and Art, Culture and Entertainment (ACE).

Visit Pensacola started receiving funding in 2014 and has contributed to a 6.5% - 9.1% growth in TDT receipts every year since then through 2019. Visit Pensacola and the Unified Budget played a critical role in rebounding quickly from the COVID pandemic in 2020 and recording record TDT receipts in 2021. TDT receipts in FY2022 increased by 23.5%.

Through the efforts of the Unified Budget, tourism supports local businesses, creates jobs, generates additional LOST revenue for Escambia County and adds to the quality of life for county residents.

**Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain:**

For those counties who have enacted the tourist development tax (TDT), it is a requirement that they have a Tourist Development Council (TDC). The efforts of Visit Pensacola and the Unified Budget, while serving at the pleasure of Escambia County and the TDC, are directed by a Board of Directors comprised of industry and community stakeholders.

**SIMILAR/PARTNER ORGANIZATIONS**

**List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:**

Visit Pensacola is unique in its role as a Destination Marketing Organization. Our sole reason for existence is to

focus on increasing tourism, which includes both visitor volume and economic impacts. With a collaborative approach we maximize the limited TDT dollars to get the best return on investment for the County.

We share similar goals with Chambers of Commerce in helping local businesses be successful in Escambia County. Tourism also plays a role in attracting businesses and employees to the county. We meet regularly and collaborate with the Pensacola Chamber of Commerce, Perdido Key Chamber of Commerce, and Pensacola Beach Chamber of Commerce, Gulf Coast Minority Chamber of Commerce, and Florida West Economic Development Alliance to promote their programs and events, education, and networking opportunities.

**Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program.**

Visit Pensacola is the recognized Destination Marketing Organization for Escambia County. It has established a track record of success over the last 9 years and is the fiduciary agent for the Unified Budget that includes ACE (Arts, Culture and Entertainment) and Pensacola Sports. Visit Pensacola's sole purpose is to be focused on increasing tourism. With a collaborative approach with the county, state and national levels to successfully promote Escambia County, we maximize the TDT dollars we receive to get the best return on investment for the County.

**FUNDING**

**Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.***

- Percentage for salaries/administrative costs: 19%
- Percentage for direct programming costs: 81%

**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 Visit Pensacola's tourism promotions 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 (membership, cooperative advertising and events), it is not enough to make up for any loss of TDT revenue. The limited private revenue generated is used for expenses that are non-reimbursable from TDT.

**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 (the 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 destination marketing. Past programs have included medical tourism, air service development, international marketing, and a domestic TV advertising campaign. Investment by Visit Pensacola varies from year to year depending on available programs and has ranged from \$50,000 to \$500,000. Programs for FY2024 have not been released yet.

**Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.**

Visit Pensacola does not request funding from other local non-profit agencies.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	YTD FY23(Q1 only)	% Change (21-22)
Number of visitors	2,481,000	2,509,100	509,200	1.1%
Direct Spending	\$1,254,312,300	\$1,309,013,600	\$260,430,700	4.4%
TDT Collections <sup>1</sup>	\$17,671,461	\$21,816,411	\$4,182,231	23.5%
Occupancy	73.7%	68.0%	51.7%	-7.7%
Average Daily Rate (ADR)	\$155.12	\$167.36	\$132.91	7.9%
Length of Stay	5.4	5.2	5.3	-3.7%
First-Time Visitors	28%	30%	22%	7.1%

<sup>1</sup>FY2020 tax rate is 4% compared to 5% beginning April 2021.

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Increase the number of visitors to our community and the direct spending associated with those visitors.	2,600,000 Visitors \$1.35 Billion Spending
2. Specific metrics related to the visitor industry including TDT collections, lodging occupancy and Average Daily Rate (ADR); Length of Stay; Average Spend per Party; First Time Visitors.	\$23 Million in TDT
3. Increase Partnerships within the Visit Pensacola organization, increase participation at organization events, aide in the return/growth of festival and events within Escambia county.	325 Partnership

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. Pensacola attracted 2,509,100 visitors in FY22, an increase of 1.1% from FY21. Visitors spent \$1,309,013,600 in FY22, up 4.4% from FY21.	2,600,000 Visitors \$1.35 Billion Spending
2. TDT Receipts for FY2022 were \$21,816,411 which exceeded the Escambia County budget goal of \$15,375,000 by over \$6.4 Million.	\$20 Million in TDT
3. Partnerships in FY2022 increased to 296 Partnerships.	225 Partnership

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			
Programmatic Income	\$126,921	\$116,200	\$143,000
County Funding/Direct Contribution	\$11,008,038	\$12,044,921	\$13,000,000
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships	\$111,205	\$105,000	\$135,000
Investment Income			
Other Income (b)	\$150,017	\$220,500	\$175,200
Total Income	\$11,396,181	\$12,486,621	\$13,453,200

a) **Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)** N/A

b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.

FY22 Gifts in Kind-Gifts in Kind (market value of rent for buildings, Pensacola VIC and Perdido Key VIC and use of assets owned by county = \$170,000; Visit Florida Grant income \$50,000, Miscellaneous income-sales tax discounts and bank interests= \$500

FY23 Gifts in Kind-Gifts in Kind (market value of rent for buildings, Pensacola VIC and Perdido Key VIC and use of assets owned by county = \$170,000; Visit Florida Grant income \$50,000, Miscellaneous income-sales tax discounts and bank interests= \$500

FY24 Gifts in Kind-Gifts in Kind (market value of rent for buildings, Pensacola VIC and Perdido Key VIC and use of assets owned by county = \$175,000, Miscellaneous income-sales tax discounts and bank interests= \$200

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	PS=5 VPI=19	PS=6 VPI=19	PS=6 VPS=21
Salaries and Wages	\$1,184,810	\$1,350,686	\$1,501,800
Employee Benefits	\$185,275	\$321,400	\$337,900
Professional Services	\$30,762	\$42,200	\$42,200
Contractual Services	\$180,000	\$180,000	\$180,000
Travel Expenses	\$88,324	\$162,000	\$151,700
Rentals and Leases	\$10	\$10	\$10
Communication	\$6,597	\$9,000	\$9,200
Postage and Freight	\$31,873	\$32,000	\$37,000
Repair and Maintenance	\$128,084	\$162,500	\$120,000
Printing and Binding	\$156,299	\$164,200	\$171,000
Marketing and Promotion	\$9,408,684	\$9,189,775	\$9,960,250
Fuel			
Supplies	\$218,009	\$213,850	\$252,140
Event Expenses	\$359,595	\$634,000	\$640,000
Capitalizable Assets for County Funding (a)	\$38,420	\$25,000	\$50,000
Other Expenses (b)			
<b>Total Expenses</b>	<b>\$12,016,742</b>	<b>\$12,486,621</b>	<b>\$13,453,200</b>
Net Income - (Revenue minus Expense)	-\$620,561	\$0.00	\$0.00

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

Capitalized assets, computers, office furniture, equipment, information kiosks.

**(b) Please explain any request listed in the "Other Expenses" line item. N/A**

**BUDGET QUESTIONS**

**1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year?**

Escambia County Fiscal Year

**2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. N/A**

**3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?**

These funds are used to pay expenses that are non-reimbursable by TDT guidelines.

**4. Please list the salary of the top 5 employees, names and positions of your organization.**

Name	Position	Salary
Darien Schaefer	President & CEO	\$151,709
Nicole Stacey	VP/Destination Development	\$114,109
Wondwossen Samuel	Director   Finance & Adm	\$86,225
Shawn Brown	Interactive Marketing Manager	\$83,970
Kaya Man	Director   Sales and Services	\$82,412

**5. Please provide the total amount of cash and investments on hand.**

As of 3.31.23 cash total = \$2,268,179.64

**6. Does your organization charge fees for services? If so, provide a list of fees charged. No**

**7. Does your organization require background checks from volunteers and staff?**

Yes

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A:

- 1. **What is your agency's Strategic Plan?** N/A
- 2. **How many jobs were created this year over last year by zip code?** N/A
- 3. **What is the net cost per job created?** N/A

**ADDITIONAL QUESTIONS (Economic Development)**

- 1. **What was done by your agency to address the "Pockets of Poverty"?** N/A
- 2. **Did your agency receive any grants? List the amount and a detailed use of the funds.** N/A
- 3. **Was there any increase in membership for the local chambers?** N/A
- 4. **What are your agency's statistics on business creation and minority businesses by zip code?** N/A
- 5. **Can we reduce the taxpayer subsidy?** N/A

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

Name

Title



PRESIDENT & CEO

Date

3/31/23

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Visit Pensacola, Inc.</b>		
	2 Business name/disregarded entity name, if different from above <b>Visit Pensacola</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>		Exemption from FATCA reporting code (if any) _____
	<input checked="" type="checkbox"/> Other (see instructions) ▶ <b>NON-PROFIT 501 (C) (6)</b>		<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>1401 E. GREGORY ST</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>PENSACOLA, FL 32502</b>			
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>3/31/23</b>
------------------	----------------------------	-----------------------

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

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](http://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

# Jason R Loeffler, CPA PA

## Business Income Tax Return

August 4, 2022

Visit Pensacola, Inc.  
Pensacola, FL 32502

Dear Officers,

Jason R Loeffler, CPA PA is pleased to provide you with the professional services described below. This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. This engagement between you and our firm will be governed by the terms of this letter. We will perform our services in accordance with the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants.

### *Scope of Engagement*

We will prepare the following federal and state tax returns for you for the year ended September 30, 2021:

Form number                      990, Return of Organization Exempt From Income Tax

**COPY**

We will not prepare any tax returns except those identified above without your written authorization to do so. We will prepare your tax returns based upon information and representations you provide to us. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify some of the information. We will prepare the tax returns solely for filing with the Internal Revenue Service ("IRS") and state and local tax authorities. They are not intended to benefit or influence any third party, either to obtain debt or equity financing or for any other purpose. *As such, we will not respond to any request from banks, mortgage brokers or other lenders for verification of any information reported on these tax returns.*

As a result, you agree to indemnify and hold our firm and any of its partners, principals, shareholders, officers, directors, members, employees, agents or assigns harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

You agree that you will not and are not entitled to rely on any advice unless your request and our response are provided in writing.

# Jason R Loeffler, CPA PA

## *Client Responsibilities*

You will provide us with a trial balance and other supporting data needed to prepare your tax returns. It is your obligation to provide us with accurate and complete information, including worldwide income.

## Partnership or LLC agreement

*You should review your partnership (or LLC) agreement with your attorney to ensure it meets your goals for the transfer of ownership and distribution of income. Often, partnership agreements do not address the transfer of ownership or may need to be updated as situations change.*

## Allocation of partnership income and expenses

*You are responsible for verifying the accuracy of both the allocation of partnership income per the terms of the partnership agreement and the partnership income calculations used in the preparation of the tax returns.*

## Partner salaries

*A partner or LLC member who receives a guaranteed salary payment is not regarded as an employee of the entity for the purpose of withholding or Social Security taxes. Therefore, any additional fringe benefits a partner receives are not subject to withholding. These fringe benefits may, however, be included in the income of the partner or LLC member. You are responsible for informing us of the total guaranteed payments, including fringe benefits, received by each partner or LLC member.*

## S corporation shareholder agreements

*You should review your corporate buy-sell agreement and other stock agreements with your attorney to ensure these documents meet your goals for the transfer of corporate stock. (Optional)*

## Salaries and wages for S corporation shareholders

*You are responsible for determining the appropriate salary or wage to pay shareholders. If the IRS determines that the S corporation made distributions in lieu of an appropriate shareholder salary or wage, the IRS may reclassify the payments. As a result of the reclassification, the shareholder and S corporation may be responsible for employment taxes on the reclassified amounts.*

## S corporation distributions

*Distributions should be made to shareholders on a per share, per day basis. If distributions were not made proportionately, the IRS may revoke the entity's S election which may result in unfavorable tax consequences. As such, it is your responsibility to ensure that shareholder distributions are made pro-rata.*

## Unrelated business taxable income

# Jason R Loeffler, CPA PA

*If your organization produces revenue from a trade or business activity not directly related to its tax-exempt purpose, it may have unrelated business income that must be reported separately from other income. You are responsible for informing us of any potential unrelated business income.*

## Documentation

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns as required under tax law. You are responsible for the adequacy of all such documents. You represent that you have such documentation and can produce it if needed to respond to any audit or inquiry by taxing authorities. You agree to hold us harmless with respect to any additional taxes, penalties, or interest imposed on you by taxing authorities resulting from the disallowance of tax deductions due to inadequate documentation.

## Personal expenses

Unless we are otherwise advised, you are responsible for confirming that personal expenses, if any, are segregated from business expenses and expenses such as meals, travel, entertainment, vehicle use, gifts, and related expenses, are supported by necessary records required by the IRS and other taxing authorities. At your request, we are available to answer your questions and advise you on the types of supporting records required.

## Employment records

*You are responsible for obtaining Forms I-9, Employment Eligibility Verification Form, from each new employee at the time of employment. In addition, Federal Form W-4, Employee's Withholding Allowance Certificate, and the applicable state equivalent should be retained for all employees. Failure to obtain these forms may subject an employer to penalties. Additional state requirements related to employment records may exist. At your request, we are available to answer your questions and advise you on required documentation.*

## Worker classification

*You are responsible for determining the correctness of any employment relationship which you have deemed to be that of an independent contractor. Payroll tax withholding and related employer payroll tax implications result from this determination. We recommend obtaining a Form W-9, Request for Taxpayer Identification Number and Certification, signed by the independent contractor, as well as a signed contract with the independent contractor. You should also issue a Form 1099-MISC, Miscellaneous Income, to all unincorporated independent contractors to whom you pay \$600 or more for services.*

## Listed transactions and transactions of interest

You acknowledge your responsibility to inform us of any listed transactions or transactions of interest as designated by the IRS. You agree to hold us harmless with respect to any additional taxes, penalties, or interest imposed on you by taxing authorities resulting from your failure to timely notify us, in writing, of all such transactions in order to facilitate the timely preparation and filing of your tax returns.

## State and local filing obligations

# Jason R Loeffler, CPA PA

You are responsible for determining your state or local tax filing obligations with any state or local tax authorities, including, but not limited to, income, franchise, sales, use, property or unclaimed property taxes. You agree that we have no responsibility to research these obligations or to inform you of them. If upon review of the information you have provided us and other information that comes to our attention, we believe you may have an obligation to file additional tax returns, we will notify you of this responsibility in writing and ask you to contact us. If you ask us to prepare these returns, we will confirm accordingly in a separate engagement letter and delineate the additional charges for this service.

## U.S. filing obligations related to foreign investments

It is your responsibility to inform us if you directly or indirectly hold any interest or signatory authority in any assets located in a foreign country. Based on the information you provide, this information will be used to calculate any applicable foreign tax credits. We will also use this data to inform you of any additional filing requirements, which may include Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts (FBAR). Failure to file required forms can result in the imposition of both civil and criminal penalties, which can be significant. These are not tax returns and their preparation is not within the scope of this engagement. If you ask us to prepare these forms, we will confirm this matter in a separate engagement letter and delineate the additional charges for this service.

As part of your federal income tax return, you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. In some but not all cases, this filing obligation may overlap your FBAR filing obligations. You are responsible for informing us of all foreign investments so we can properly advise you as to your FBAR and income tax return filing obligations.

## Foreign filing obligations

You are responsible for complying with any other country's income reporting and tax filing requirements. We have no responsibility to discuss these issues with you. If you have specific questions regarding your tax filing obligations, please contact us to schedule an appointment to discuss your concerns.

## Reliance on others

*If you wish to take a tax position based upon the advice of another tax advisor, you agree to obtain a written statement from the advisor confirming that the position should meet the substantial authority, or "more likely than not", standards, as applicable. To the extent a position is based upon the advice of another tax advisor, prior to preparing or signing the tax return, the American Institute of Certified Public Accountants Statements on Standards for Tax Services Section 100 requires our firm to have a good faith belief that the position has at least a realistic possibility of being sustained administratively or judicially on its merits, if challenged. You agree to pay additional charges incurred to perform required research.*

## Ultimate responsibility

You have final responsibility for your income tax returns. Check them carefully for accuracy and completeness before you sign them.

## **CPA Firm Responsibilities**

# Jason R Loeffler, CPA PA

## Arguable Positions

We will use our judgment to resolve questions in your favor where a tax law is unclear assuming there is reasonable justification for doing so. Whenever we are aware of conflicting interpretations of the law by authorities, we will explain the possible positions that may be taken on your return. We will follow the position you request, provided it is consistent with our understanding of the current tax code, laws, regulations and their interpretations. If the IRS or state tax authorities later contest the position taken, there may be an assessment of additional tax, interest, and penalties. We assume no liability, and you hereby release us from any such additional tax, interest, and penalties or other fees and assessments.

## Bookkeeping assistance

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the income tax returns. We will request your approval before rendering these services. Additional charges will apply for such services.

## Management responsibilities

Jason R Loeffler, CPA PA, in its sole professional judgment, reserves the right to refuse to take any action that could be construed as making management decisions or performing management functions on your behalf. However, we may provide advice and recommendations to assist management in performing its functions and making decisions.

## Errors, fraud, or theft

Our engagement does not include any procedures designed to discover errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters.

## Brokerage or investment advisory statements

*If you provide our firm with copies of brokerage (or investment advisory) statements, we will use the information from these statements solely in connection with the preparation of your income tax returns. We will rely on the accuracy of the information provided in the statements and will not undertake any action to verify this information. We will not monitor investment activity, provide investment advice, or supervise the actions of the entity or individuals performing investment activities on your behalf. We recommend you review all brokerage (or investment advisory) statements promptly and carefully, and direct any questions regarding activities on your account to your broker (or investment advisor).*

## Tax planning services

Our engagement does not include tax planning services, which are available as a separate engagement. During the course of preparing the tax returns identified above, we may bring to your attention certain available tax saving strategies for you to consider as possible means of reducing your income taxes in subsequent tax years. However, we have no responsibility to do so, and will take no action with respect to any such recommendations, as the responsibility for implementation remains with you, the taxpayer.

## Government inquiries

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request we assist you in

# Jason R Loeffler, CPA PA

responding to such inquiry. If you ask us to represent you, we will confirm this in a separate engagement letter and delineate how additional charges for this service will be calculated.

## *Timing of the Engagement*

We expect to begin the preparation of your returns upon receipt of the trial balance and other supporting data agreed to above.

If your return is electronically filed, our services will conclude upon the earlier of the filing and acceptance of your tax returns by the appropriate taxing authorities or one year from the execution date of this letter. You will be required to verify and sign a completed Form 8879-, IRS e-file Signature Authorization for Form, and state equivalent authorization form before your returns can be filed electronically. You are responsible for reviewing the accuracy of all tax returns and any accompanying schedules and statements prior to filing.

If your return is filed by mail, our services will be concluded upon the earlier of delivery to you of your tax returns for your review and filing with the appropriate taxing authorities or one year from the execution date of this letter.

## *Extensions of Time to File Tax Returns*

It may become necessary to apply for an extension of the filing deadline if there are unresolved tax issues or delays in processing, or if we do not receive all of the necessary information from you on a timely basis. Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations. All taxes owed are due by the original filing due date. Additionally, extensions may affect your liability for penalties and interest or compliance with government or other deadlines.

**To the extent you wish to engage our firm to apply for extensions of time to file tax returns on your behalf, you must notify us of this in writing. Our firm will not file these applications unless we receive either a signed copy of this engagement letter or your express written authorization to do so. In some cases, your signature may be needed on such applications prior to filing. Failure to timely file for an extension of time to file can result in penalties for failure to file tax returns, which accrue from the original due date of the returns, and can be substantial.**

We are available to discuss this matter with you at your request at our regular hourly fee if the need arises.

## *Penalties and Interest Charges*

Federal, state, and local taxing authorities impose various penalties and interest charges for non-compliance with tax law, including, for example, failure to file or late filing of tax returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all taxes, penalties, and interest charges imposed by taxing authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose, or inadequate disclosure of income or tax positions, can result in the imposition of penalties and interest charges.

*The IRS and many states impose penalties for substantial understatement of tax. To avoid the substantial understatement penalty, you must have substantial authority to support the tax*

# Jason R Loeffler, CPA PA

*treatment of the item challenged by the IRS or adequate disclosure of the item. A completed IRS Form 8275, Disclosure Statement, or 8275-R, Regulation Disclosure Statement, which discloses all relevant facts, may be required to be attached to your tax return to meet the adequate disclosure requirement. A disclosed tax position that meets the reasonable basis standard must have some authority supporting the position and be more than simply arguable.*

*You agree to advise us if you wish to disclose a tax treatment(s) on your return. If you request our assistance in identifying or performing further research to ascertain if there is "substantial authority" for the proposed position to be taken on the tax items in your returns, we would be pleased to discuss providing this additional service to you under the terms of a separate engagement letter. It is your responsibility to contact us if additional assistance is required.*

*Unless an undisclosed tax position meets the substantial authority or "more likely than not" standard, as applicable, we will be unable to prepare the return and will withdraw from the engagement.*

*If we conclude as a result of our research that you are required to disclose a transaction on your tax return, you consent to attach a completed Form 8275 or 8275-R to your tax return for filing after we discuss the situation with you. You also agree to hold our firm and any of its partners, principals, shareholders, officers, directors, members, employees, agents or assigns harmless for any and all actual and consequential damages (including but not limited to taxes, penalties, interest, and professional fees and costs) you incur as a result of including such disclosures with your filed tax returns regardless of the nature of the claim, including the negligence of any party.*

## ***Fees and Billings***

Our professional fee for the services outlined above will be based on our firm's current hourly billing rates. This fee is based upon the complexity of the work to be performed and our professional time to complete the work. Additionally, this fee depends upon the availability, quality, and completeness of your records. You agree that you will deliver all records requested by our staff to complete this engagement on a timely basis.

In the event your records are not submitted in a timely manner, or are incomplete or unusable, we reserve the right to charge additional fees and expenses for services required to correct the problem. If this occurs, we will contact you to discuss the matter and the anticipated delay in completing our engagement prior to rendering further services.

We will bill you for our professional fees, expenses and out-of-pocket costs as of the date we deliver our work product you. Payment is due within 30 days of the date on the billing statement. If payment is not received by the due date, you will be assessed interest charges of 1.5 % per month on the unpaid balance. We reserve the right to suspend or terminate our work from non-payment of fees.

You agree that in the event your payment of tax is not received by the due date of the tax return, we will not be responsible for your failure to meet government and other filing deadlines, for any penalties or interest that may be assessed against you resulting from your failure to meet the deadlines, and for any other damages (including, but not limited to consequential, indirect, lost profits, or punitive damages) incurred by you as a result of the late filing or non-filing of the tax returns.

## ***Electronic Data Communication and Storage and Use of Third Party Service Provider***

# Jason R Loeffler, CPA PA

In the interest of facilitating our services to your company, we may send data over the Internet, store electronic data via computer software applications hosted remotely on the Internet, or allow access to data through third-party vendors' secured portals or clouds. Electronic data that is confidential to your company may be transmitted or stored using these methods. We may use third-party service providers to store or transmit this data, such as providers of tax return preparation software. In using these data communication and storage methods, our firm employs measures designed to maintain data security. We use reasonable efforts to keep such communications and data access secure in accordance with our obligations under applicable laws and professional standards. We also require all of our third-party vendors to do the same.

You recognize and accept that we have no control over the unauthorized interception or breach of any communications or data once it has been sent or has been subject to unauthorized access, notwithstanding all reasonable security measures employed by us or our third-party vendors. You consent to our use of these electronic devices and applications and submission of confidential client information to third-party service providers during this engagement.

## *Entire Agreement*

This engagement letter, including any attachments, encompasses the entire agreement of the parties and supersedes all previous understandings and agreements between the parties, whether oral or written. Any modification to the terms of this engagement letter must be made in writing and signed by both parties.

## *Termination and Other Terms*

Any claim arising out of this engagement letter shall be commenced within one year of the delivery of the work product to you, regardless of any longer period of time for commencing such claims as may be set by law.

We reserve the right to withdraw from this engagement without rendering services for any reason, including but not limited to, if you fail to comply with the terms of this engagement letter, if you disagree with our recommendations regarding tax return filing and reporting obligations, tax return positions to be taken or disclosures to be made in the returns, or if we determine professional standards require our withdrawal for any other reason.

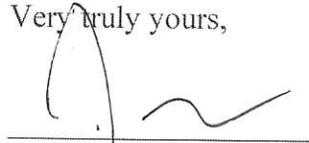
At the completion of our engagement, the original source documents will be returned to you. Workpapers and other documents created by us are our property. Such original workpapers will remain in our control, and copies are not to be distributed without our prior written consent.

If any portion of this engagement letter is deemed invalid or unenforceable, said finding shall not invalidate the remainder of the terms set forth in this engagement letter.

We appreciate the opportunity to be of service to you. Please date and sign the enclosed copy of this engagement letter and return it to us to acknowledge your agreement with its terms. It is our policy to initiate services only after we receive the signed copy of this engagement letter from you.

# Jason R Loeffler, CPA PA

Very truly yours,



Jason Loeffler

Owner

Jason R Loeffler, CPA PA

APPROVED:

 \_\_\_\_\_



\_\_\_\_\_  
[Date]

\* \* \* \* \*

***IRS Circular 230 Notice:*** *The discussion of U.S. federal tax law and references to any resources in this material are not intended to: (a) be used or relied upon by any taxpayer for the purpose of avoiding any federal tax penalties; (b) promote, market or recommend any products and/or services except to the extent expressly stated otherwise; or (c) be considered except in consultation with a qualified independent tax advisor who can address a taxpayer's particular circumstances.*

JASON R LOEFFLER CPA PA  
9515-A HOLSBERRY RD  
PENSACOLA, FL 32534  
850-478-6811

August 4, 2022

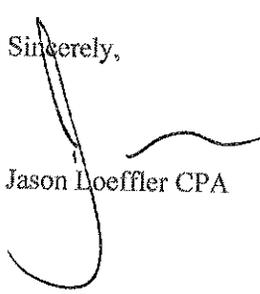
Visit Pensacola, Inc.  
1401 E Gregory Street  
Pensacola, FL 32502

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,



Jason Loeffler CPA

## Return of Organization Exempt From Income Tax

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

2020

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning 10/01, 2020, and ending 9/30, 2021

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

**C** Name and address of principal officer:  
Visit Pensacola, Inc.  
1401 E Gregory Street  
Pensacola, FL 32502

**D** Employer identification number  
46-3684826

**E** Telephone number  
(850) 434-7626

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

**G** Gross receipts \$ 7,930,486.

**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: <u>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.</u>	
2		Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	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 2020 (Part V, line 2a)	20
	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, Part I, line 11	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	7,779,947.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,135.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,933.
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,628,617.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,930,486.
	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)	1,153,571.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	888,675.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,509,147.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,662,718.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-34,101.
	20	Total assets (Part X, line 16)	1,881,427.
	21	Total liabilities (Part X, line 26)	763,918.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,117,509.

**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: Darien Schaefer Date: \_\_\_\_\_  
 Type or print name and title: President

**Paid Preparer Use Only**

Print/Type preparer's name: Jason Loeffler CPA Preparer's signature: Jason Loeffler CPA Date: 8/9/22  
 Firm's name: Jason R Loeffler CPA PA Check  if self-employed FTIN: P01290836  
 Firm's address: 9515-A Holsberry Rd Firm's EIN: 46-1416272  
Pensacola, FL 32534 Phone no.: 850-478-6811

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To 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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

In fiscal year 2020 the metric related to tourism reflected an increase over the previous year. Key items included TDT collections up 81% and occupancy up 29%.

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

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

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

4e Total program service expenses 0.

**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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in 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.		
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?		
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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....		
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.....		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.....		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.....		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.....		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....		
36 <b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on 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
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1 a</b>		
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 on Schedule O.	11		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1 b</b>		
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		X
<b>6</b> Did the organization have members or stockholders? . . . . .	6		X
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7 a		X
<b>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	8 a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8 b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O . . . . .	9		X

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

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O . . . . .		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> 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	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. See Schedule O . . . . .	X	
<b>b</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).		
<b>16 a</b> 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>b</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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 ▶  
Wondwossen Samuel 1401 E Gregory Street Pensacola FL 32502 (850) 434-7626

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

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

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

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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) Darien Schaefer President	40 0				X			93,491.	0.	0.
(2) Gabe DiCianni Treasurer	1 0	X		X				0.	0.	0.
(3) Jay Bhakta Trustee	1 0	X						0.	0.	0.
(4) Deandra Holcomb Trustee	1 0	X						0.	0.	0.
(5) Suzanne Lewis Trustee	1 0	X						0.	0.	0.
(6) D.C. Reeves Chairman	1 0	X		X				0.	0.	0.
(7) Jessica Andrade Trustee	1 0	X						0.	0.	0.
(8) David Kemp Trustee	1 0	X						0.	0.	0.
(9) Joe McCay Trustee	1 0	X						0.	0.	0.
(10) Lusharon Wiley Secretary	1 0	X		X				0.	0.	0.
(11) McKenzie Nicholas Vice Chair	1 0	X		X				0.	0.	0.
(12) Cameron Price Trustee	1 0	X						0.	0.	0.
(13)								0.	0.	0.
(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			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1 b Subtotal</b>						93,491.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>						93,491.	0.	0.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1 a					
	b Membership dues	1 b 95,143.					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 703,237.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 6,981,567.					
	g Noncash contributions included in lines 1a-1f	1 g					
	<b>h Total. Add lines 1a-1f</b>		<b>7,779,947.</b>				
	<b>Program Service Revenue</b>	2 a <u>Event Revenue</u>	Business Code 900099	10,700.	10,700.		
b							
c							
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>			<b>10,700.</b>				
<b>Other Revenue</b>	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	6 a	(i) Real				
			(ii) Personal				
			b Less: rental expenses	6 b			
			c Rental income or (loss)	6 c			
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities				
			(ii) Other				
			b Less: cost or other basis and sales expenses	7 b			
			c Gain or (loss)	7 c			
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a					
			b Less: direct expenses	8 b			
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9 a						
		b Less: direct expenses	9 b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10 a						
		b Less: cost of goods sold	10 b				
		c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	11 a <u>Advertising Revenue</u>	Business Code 519100	139,750.	139,750.			
	b <u>Gift Shop Sales</u>	453220	89.	89.			
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>		<b>139,839.</b>				
<b>12 Total revenue. See instructions</b>		<b>7,930,486.</b>	<b>150,539.</b>	<b>0.</b>	<b>0.</b>		

**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.	93,491.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	721,807.	644,896.	76,911.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	73,377.	58,041.	15,336.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,855.	21,254.	5,601.	
12 Advertising and promotion.	4,498,374.	4,498,341.	33.	
13 Office expenses.	34,162.	26,530.	7,632.	
14 Information technology.	25,332.	20,048.	5,284.	
15 Royalties.				
16 Occupancy.	130,088.	105,001.	25,087.	
17 Travel.	38,850.	37,809.	1,041.	
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.	663.			
23 Insurance.	25,799.	20,419.	5,380.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Subrecipient Expenses	1,599,502.	1,536,338.	63,164.	
b Marketing Research	316,512.	316,512.		
c Repairs & Maintenance	105,743.	82,254.	23,489.	
d Utilities	42,711.	33,802.	8,909.	
e All other expenses.	24,296.	13,262.	11,034.	
25 Total functional expenses. Add lines 1 through 24e.	7,757,562.	7,414,507.	248,901.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash — non-interest-bearing.....	1,387,865.	1	905,230.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	388,891.	4	1,470,411.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	599.	8	
	9 Prepaid expenses and deferred charges.....	102,880.	9	159,795.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 8,299.		
	b Less: accumulated depreciation.....	10b 7,770.		
	11 Investments — publicly traded securities.....	1,192.	10c	529.
	12 Investments — other securities. See Part IV, line 11.....		11	
	13 Investments — program-related. See Part IV, line 11.....		12	
	14 Intangible assets.....		13	
	15 Other assets. See Part IV, line 11.....		14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....	1,881,427.	15		
		16	2,535,965.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses.....	697,218.	17	1,176,915.
	18 Grants payable.....		18	
	19 Deferred revenue.....	66,700.	19	68,617.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		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 <b>Total liabilities.</b> Add lines 17 through 25.....	763,918.	26	1,245,532.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions.....	1,117,509.	27	1,290,433.
	28 Net assets with donor restrictions.....		28	
	<b>Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 <b>Total net assets or fund balances.</b> .....	1,117,509.	32	1,290,433.
33 <b>Total liabilities and net assets/fund balances.</b> .....	1,881,427.	33	2,535,965.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,930,486.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,757,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	172,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,117,509.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,290,433.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 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			
2 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 on 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
3 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 on Schedule O and describe any steps taken to undergo such audits		

BAA

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

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' 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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' 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 (for example, 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 .....	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 7/25/06, 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, 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.

1 a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
  - 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.

- 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 on Part XIII.  Yes  No

**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
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 Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,758.	4,764.	994.
e Other		2,541.	3,006.	-465.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				529.

**Part VII Investments – Other Securities.**

N/A

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) -----		
(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' 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)		
(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' 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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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.

(a) Description of liability	(b) Book value
1. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

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

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

OMB No. 1545-0047

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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

Visit Pensacola, Inc.

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.

Visit Pensacola, Inc.

46-3684826

	2020	2019	Diff
<b>REVENUE</b>			
Contributions and grants.....	7,779,947	6,604,549	1,175,398
Program service revenue.....	10,700	14,135	-3,435
Other revenue.....	139,839	9,933	129,906
Total revenue.....	7,930,486	6,628,617	1,301,869
<b>EXPENSES</b>			
Salaries, other compen., emp. benefits...	888,675	1,153,571	-264,896
Other expenses.....	6,868,887	5,509,147	1,359,740
Total expenses.....	7,757,562	6,662,718	1,094,844
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	172,924	-34,101	207,025
Total assets at end of year.....	2,535,965	1,881,427	654,538
Total liabilities at end of year.....	1,245,532	763,918	481,614
Net assets/fund balances at end of year.	1,290,433	1,117,509	172,924

2020

General Information

Page 1

Visit Pensacola, Inc.

46-3684826

Forms needed for this return

Federal: 990, Sch D, Sch O, 8868

Carryovers to 2021

None

Visit Pensacola, Inc.

46-3684826

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
Professional fees	26,855.	21,254.	5,601.	
Total	<u>\$ 26,855.</u>	<u>\$ 21,254.</u>	<u>\$ 5,601.</u>	<u>\$ 0.</u>

Form 990, Part IX, Line 24e  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bad Debt	2,270.		2,270.	
Bank Fees	4,334.		4,334.	
Miscellaneous	342.		342.	
Postage and Shipping	16,757.	13,262.	3,495.	
Sales Tax	593.		593.	
Total	<u>\$ 24,296.</u>	<u>\$ 13,262.</u>	<u>\$ 11,034.</u>	<u>\$ 0.</u>

2020 Federal Book Depreciation Schedule

Visit Pensacola, Inc.

46-3684826

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Prt.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Furniture and Fixtures																
1	Furniture and Fixtures	1/01/14		3,150							3,150	3,150	200DB HY	7	.04450	0
	Total Furniture and Fixtures			3,150		0	0	0	0	0	3,150	3,150				0
Machinery and Equipment																
2	iMac Pro	3/31/18		5,758							5,758	4,101	200DB HY	5	.11520	663
	Total Machinery and Equipment			5,758		0	0	0	0	0	5,758	4,101				663
	Total Depreciation			8,908		0	0	0	0	0	8,908	7,251				663
	Grand Total Depreciation			8,908		0	0	0	0	0	8,908	7,251				663

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Visit Pensacola, Inc.</b>	Taxpayer identification number (TIN) <b>46-3684826</b>
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. <b>1401 E Gregory Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Pensacola, FL 32502</b>	

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 ▶ Wondwossen Samuel

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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 8/15, 2022, 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, 2020, and ending 9/30, 2021.
- 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. ....	<b>3a</b>	\$	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. ....	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	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.

**2019 Exempt Org. Return**  
prepared for:

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

**Jason R Loeffler CPA PA**  
9515-A Holsberry Rd  
Pensacola, FL 32534

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. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10/01, 2019, and ending 9/30, 2020

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 \$ 6,628,617.

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) [X] 501(c) ( 6 ) (insert no.) 4947(a)(1) or 527. J Website: www.visitpensacola.com. H(c) Group exemption number

K Form of organization: [X] Corporation Trust Association Other. L Year of formation: 2013. M State of legal domicile: FL

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation, employee benefits... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation, employee benefits... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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 Darien Schaefer, President. Date. Includes a large 'COPY' watermark.

Paid Preparer Use Only: Print/Type preparer's name Jason Loeffler CPA, Preparer's signature Jason Loeffler CPA, Date 1/25/21, Check self-employed, PTIN P01290836, Firm's name Jason R Loeffler CPA PA, Firm's address 9515-A Holsberry Rd Pensacola, FL 32584, Firm's EIN 46-1416272, Phone no. (850) 478-6811.

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

To 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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

In calendar year 2019 the metric related to tourism conitued to show increases over the previous year. Key items included TDT collections up 5%.

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

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

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **0.**

**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>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		
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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		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>	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>		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>		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>		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>		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>		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>		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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		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>		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>		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>		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>		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>		X
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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. ....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .		
	<b>2a</b> 24		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
	<b>2b</b>		
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
	<b>3a</b>		
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . .		
	<b>3b</b>		
<b>4a</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
	<b>4a</b>		
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
	<b>5b</b>		
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
	<b>5c</b>		
<b>6a</b>	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>6a</b>		
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>		
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
	<b>7c</b>		
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>	X
If 'Yes,' complete Form 4720, 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 on 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
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1 a</b>	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 on Schedule O.				
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1 b</b>	11	
<b>2</b>	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? . . . . .	<b>2</b>		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7 a</b>		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7 b</b>		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body? . . . . .	<b>8 a</b>	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8 b</b>	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O . . . . .	<b>9</b>		X

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

			Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10 a</b>		X
<b>b</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? . . . . .	<b>10 b</b>		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11 a</b>		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O . . . . .			
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	<b>12 a</b>	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12 b</b>	X	
<b>c</b>	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 . . . . .	<b>12 c</b>	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>		X
<b>15</b>	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?			
<b>a</b>	The organization's CEO, Executive Director, or top management official. See Schedule O . . . . .	<b>15 a</b>	X	
<b>b</b>	Other officers or key employees of the organization. . . . .	<b>15 b</b>		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16 a</b>	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>16 a</b>		X
<b>b</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? . . . . .	<b>16 b</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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 Contractors**

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

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

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

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

See instructions for the order in which to list the persons above.

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			
(1) Darien Schaefer President	40 0				X		63,038.	0.	0.
(2) Steve Hayes Past-President	40 0				X		46,757.	0.	0.
(3) Gabe DiCianni Trustee	1 0	X					0.	0.	0.
(4) Jay Bhakta Trustee	1 0	X					0.	0.	0.
(5) Cindi Bonner Trustee	1 0	X					0.	0.	0.
(6) Suzanne Lewis Trustee	1 0	X					0.	0.	0.
(7) D.C. Reeves Vice Chair	1 0	X		X			0.	0.	0.
(8) Jessica Andrade Trustee	1 0	X					0.	0.	0.
(9) Capt. Sterling Gilliam (Ret) Chairman	1 0	X		X			0.	0.	0.
(10) Joe McCay Trustee	1 0	X					0.	0.	0.
(11) Lusharon Wiley Secretary	1 0	X		X			0.	0.	0.
(12) McKenzie Nicholas Treasurer	1 0	X		X			0.	0.	0.
(13) Cameron Price Trustee	1 0	X					0.	0.	0.
(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			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Subtotal</b> .....						109,795.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						109,795.	0.	0.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....		X
<b>5</b> 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> .....		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns.....	<b>1 a</b>					
	<b>b</b> Membership dues.....	<b>1 b</b> 110,641.					
	<b>c</b> Fundraising events.....	<b>1 c</b>					
	<b>d</b> Related organizations.....	<b>1 d</b>					
	<b>e</b> Government grants (contributions)....	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above....	<b>1 f</b> 6,493,908.					
	<b>g</b> Noncash contributions included in lines 1a-1f.....	<b>1 g</b>					
	<b>h Total.</b> Add lines 1a-1f..... ▶		6,604,549.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>Event Revenue</u>						
		<b>Business Code</b> 900099	14,135.	14,135.			
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue ...						
<b>g Total.</b> Add lines 2a-2f..... ▶		14,135.					
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)..... ▶						
	<b>4</b> Income from investment of tax-exempt bond proceeds..... ▶						
	<b>5</b> Royalties..... ▶						
	<b>6 a</b> Gross rents.....	<b>6 a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses.....	<b>6 b</b>					
	<b>c</b> Rental income or (loss).....	<b>6 c</b>					
	<b>d</b> Net rental income or (loss)..... ▶						
	<b>7 a</b> Gross amount from sales of assets other than inventory.....	<b>7 a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses.....	<b>7 b</b>					
	<b>c</b> Gain or (loss).....	<b>7 c</b>					
<b>d</b> Net gain or (loss)..... ▶							
<b>8 a</b> Gross income from fundraising events (not including \$_____ of contributions reported on line 1c). See Part IV, line 18.....	<b>8 a</b>						
<b>b</b> Less: direct expenses.....	<b>8 b</b>						
<b>c</b> Net income or (loss) from fundraising events..... ▶							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>9 a</b>						
<b>b</b> Less: direct expenses.....	<b>9 b</b>						
<b>c</b> Net income or (loss) from gaming activities..... ▶							
<b>10 a</b> Gross sales of inventory, less..... returns and allowances.....	<b>10 a</b>						
<b>b</b> Less: cost of goods sold.....	<b>10 b</b>						
<b>c</b> Net income or (loss) from sales of inventory..... ▶							
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>Advertising Revenue</u>						
		<b>Business Code</b> 519100	8,002.	8,002.			
	<b>b</b> <u>Gift Shop Sales</u>	453220	1,931.	1,931.			
	<b>c</b> -----						
	<b>d</b> All other revenue.....						
<b>e Total.</b> Add lines 11a-11d..... ▶		9,933.					
<b>12 Total revenue.</b> See instructions..... ▶			6,628,617.	24,068.	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.	109,795.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	948,527.	732,274.	216,253.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	95,249.	65,905.	29,344.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	35,140.		35,140.	
12 Advertising and promotion.	3,426,327.	3,423,296.	3,031.	
13 Office expenses.	37,660.	28,511.	9,149.	
14 Information technology.	38,477.	26,677.	11,800.	
15 Royalties.				
16 Occupancy.	130,087.	89,990.	40,097.	
17 Travel.	43,469.	38,031.	5,438.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	32,176.	32,176.		
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,106.			
23 Insurance.	25,177.	17,455.	7,722.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Subrecipient Expenses</u>	1,097,233.	979,281.	117,952.	
b <u>Marketing Research</u>	432,395.	432,395.		
c <u>Repairs &amp; Maintenance</u>	129,692.	90,118.	39,574.	
d <u>Utilities</u>	46,075.	31,944.	14,131.	
e All other expenses.	34,133.	19,203.	14,930.	
25 Total functional expenses. Add lines 1 through 24e.	6,662,718.	6,007,256.	544,561.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash — non-interest-bearing	270,970.	1	1,387,865.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,399,448.	4	388,891.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,717.	8	599.
	9	Prepaid expenses and deferred charges	114,385.	9	102,880.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,299.		
	b	Less: accumulated depreciation	10b 7,107.	10c	1,192.
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,788,818.	16	1,881,427.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	596,573.	17	697,218.
	18	Grants payable		18	
	19	Deferred revenue	40,635.	19	66,700.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	<b>Total liabilities.</b> Add lines 17 through 25	637,208.	26	763,918.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,151,610.	27	1,117,509.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances.</b>	1,151,610.	32	1,117,509.
33	<b>Total liabilities and net assets/fund balances.</b>	1,788,818.	33	1,881,427.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,628,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,662,718.
3	Revenue less expenses. Subtract line 2 from line 1	3	-34,101.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,151,610.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,117,509.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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' 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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' 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 (for example, 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	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 7/25/06, 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, 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.

1 a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
- 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.

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 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
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 Term endowment  \_\_\_\_\_ %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,758.	4,101.	1,657.
e Other		2,541.	3,006.	-465.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,192.

**Part VII Investments – Other Securities.**

N/A

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) -----		
(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' 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)		
(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' 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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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)	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

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.

Visit Pensacola, Inc.

46-3684826

	2019	2018	Diff
<b>REVENUE</b>			
Contributions and grants.....	6,604,549	9,204,661	-2,600,112
Program service revenue.....	14,135	18,110	-3,975
Other revenue.....	9,933	106,909	-96,976
Total revenue.....	6,628,617	9,329,680	-2,701,063
<b>EXPENSES</b>			
Salaries, other compen., emp. benefits..	1,153,571	1,167,498	-13,927
Other expenses.....	5,509,147	7,975,189	-2,466,042
Total expenses.....	6,662,718	9,142,687	-2,479,969
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	-34,101	186,993	-221,094
Total assets at end of year.....	1,881,427	1,788,818	92,609
Total liabilities at end of year.....	763,918	637,208	126,710
Net assets/fund balances at end of year.	1,117,509	1,151,610	-34,101

2019

General Information

Page 1

Visit Pensacola, Inc.

46-3684826

Forms needed for this return

Federal: 990, Sch D, Sch O

Carryovers to 2020

None

Visit Pensacola, Inc.

46-3684826

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

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fund- raising</u>
Professional Fees	35,140.		35,140.	
Total	\$ <u>35,140.</u>	\$ <u>0.</u>	\$ <u>35,140.</u>	\$ <u>0.</u>

Form 990, Part IX, Line 24e  
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Bad Debt	80.		80.	
Bank Fees	4,544.		4,544.	
Miscellaneous	536.		536.	
Postage and Shipping	27,698.	19,203.	8,495.	
Sales Tax	1,275.		1,275.	
Total	\$ <u>34,133.</u>	\$ <u>19,203.</u>	\$ <u>14,930.</u>	\$ <u>0.</u>

Visit Pensacola, Inc.

46-3684826

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.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Form 990/990-PF																	
Furniture and Fixtures																	
1	Furniture and Fixtures	1/01/14		3,150							3,150	3,150	200DB	HY	7	.08330	0
	Total Furniture and Fixtures			3,150		0	0	0	0	0	3,150	3,150					0
Machinery and Equipment																	
2	iMac Pro	3/31/18		5,758							5,758	2,995	200DB	HY	5	.19200	1,106
	Total Machinery and Equipment			5,758		0	0	0	0	0	5,758	2,995					1,106
	Total Depreciation			8,908		0	0	0	0	0	8,908	6,145					1,106
	Grand Total Depreciation			8,908		0	0	0	0	0	8,908	6,145					1,106

**VISIT PENSACOLA, INC.**  
**FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**

**VISIT PENSACOLA, INC.  
TABLE OF CONTENTS  
SEPTEMBER 30, 2021 AND 2020**

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<b>INDEPENDENT AUDITORS' REPORT</b>	1
<b>FINANCIAL STATEMENTS</b>	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	6
Notes to the Financial Statements	7

## 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, 2021 and 2020, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our 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, 2021 and 2020, 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.



Pensacola, Florida  
March 7, 2022

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2021 AND 2020**

<b>ASSETS</b>		
	<b>2021</b>	<b>2020</b>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 905,230	\$ 1,387,865
Accounts receivable	1,470,411	388,891
Inventories	-	599
Prepaid expenses	159,795	102,880
Total current assets	2,535,436	1,880,235
<b>NONCURRENT ASSETS</b>		
Equipment, net	2,303	3,455
<b>TOTAL ASSETS</b>	<b>\$ 2,537,739</b>	<b>\$ 1,883,690</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 1,100,385	\$ 639,456
Accrued payroll and expenses	76,530	57,762
Unearned revenue	68,617	66,700
Total current liabilities	1,245,532	763,918
<b>NET ASSETS</b>		
Without donor restrictions	1,292,207	1,119,772
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 2,537,739</b>	<b>\$ 1,883,690</b>

See notes to the financial statements.

**VISIT PENSACOLA, INC.  
STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020**

	<b>2021</b>	<b>2020</b>
<b>SUPPORT AND REVENUE WITHOUT DONOR RESTRICTIONS</b>		
Tourism development revenue	\$ 6,834,804	\$ 6,332,634
Partnership dues and membership income	92,979	98,429
Advertising income	139,750	8,002
In-kind income	146,763	161,274
Grant income	500,000	-
Event income	10,700	14,135
Merchandise sales	89	1,931
Miscellaneous income	2,164	12,212
PPP loan proceeds	203,237	-
	7,930,486	6,628,617
<b>OPERATING EXPENSES</b>		
Program expenses		
Tourism development	7,415,418	6,008,054
Supporting expenses		
Management and general	342,633	654,709
	7,758,051	6,662,763
<b>CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	172,435	(34,146)
<b>NET ASSETS WITHOUT DONOR RESTRICTIONS, BEGINNING OF YEAR</b>	1,119,772	1,153,918
<b>NET ASSETS WITHOUT DONOR RESTRICTIONS, END OF YEAR</b>	\$ 1,292,207	\$ 1,119,772

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020**

	<b>2021</b>		
	<b>Program Services</b>	<b>Supporting Services</b>	<b>Total</b>
	<b>Tourism</b>	<b>Management &amp; General</b>	
Advertising	\$ 2,703,081	\$ -	\$ 2,703,081
Advertising agency fees	680,000	-	680,000
Bad debt expense	-	2,270	2,270
Bank and credit card fees	-	4,334	4,334
Brochures and collateral	111,855	-	111,855
Depreciation	911	241	1,152
Dues and subscriptions	29,778	-	29,778
Equipment and building repair	82,254	23,489	105,743
Festivals and events	246,596	-	246,596
Information technology	20,048	5,284	25,332
In-kind rent	105,001	25,087	130,088
Insurance	20,419	5,380	25,799
Marketing research	316,512	-	316,512
Miscellaneous expense	-	342	342
Office supplies	26,530	7,632	34,162
Partnership expense	46,636	33	46,669
Personnel expense	702,937	185,738	888,675
Postage	13,262	3,495	16,757
Production	451,952	-	451,952
Professional services	21,254	5,601	26,855
Promotions	80,543	-	80,543
Public relations	83,854	-	83,854
Registration	64,046	-	64,046
Sales tax	-	593	593
Subrecipient expense - ACE	944,576	-	944,576
Subrecipient expense - PSA	591,762	63,164	654,926
Travel, meals and entertainment	37,809	1,041	38,850
Utilities	33,802	8,909	42,711
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 7,415,418</b>	<b>\$ 342,633</b>	<b>\$ 7,758,051</b>

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF FUNCTIONAL EXPENSES – CONTINUED**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020**

	<b>2020</b>		
	<b>Program Services</b>	<b>Supporting Services</b>	<b>Total</b>
	<b>Tourism</b>	<b>Management &amp; General</b>	
Advertising	\$ 2,191,353	\$ -	\$2,191,353
Advertising agency fees	180,000	-	180,000
Bad debt expense	-	80	80
Bank and credit card fees	-	4,544	4,544
Brochures and collateral	24,187	-	24,187
Depreciation	798	353	1,151
Dues and subscriptions	32,348	-	32,348
Equipment and building repair	90,118	39,574	129,692
Festivals and events	430,283	-	430,283
Information technology	26,677	11,800	38,477
In-kind rent	89,990	40,097	130,087
Insurance	17,455	7,722	25,177
Marketing research	432,395	-	432,395
Miscellaneous expense	-	536	536
Office supplies	28,511	9,149	37,660
Partnership expense	62,797	3,031	65,828
Personnel expense	798,179	355,392	1,153,571
Postage	19,203	8,495	27,698
Production	345,732	-	345,732
Professional services	-	35,140	35,140
Promotions	83,494	-	83,494
Public relations	73,102	-	73,102
Registration	32,176	-	32,176
Sales tax	-	1,275	1,275
Subrecipient expense - ACE	420,400	-	420,400
Subrecipient expense - PSA	558,881	117,952	676,833
Travel, meals and entertainment	38,031	5,438	43,469
Utilities	31,944	14,131	46,075
<b>TOTAL OPERATING EXPENSES</b>	<b>\$6,008,054</b>	<b>\$654,709</b>	<b>\$6,662,763</b>

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 172,435	\$ (34,146)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Bad debt expense	2,270	80
Depreciation	1,152	1,151
Forgiveness of PPP loan	(203,237)	-
Decrease (increase) in:		
Accounts receivable	(1,083,790)	1,010,477
Inventories	599	1,118
Prepaid expenses	(56,915)	11,505
Increase (decrease) in:		
Accounts payable	460,929	109,053
Accrued payroll and expenses	18,768	(8,408)
Unearned revenue	1,917	26,065
Net cash provided by (used in) operating activities	<u>(685,872)</u>	<u>1,116,895</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Proceeds from forgivable loan	<u>203,237</u>	<u>-</u>
Net cash used in investing activities	<u>203,237</u>	<u>-</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	(482,635)	1,116,895
<b>CASH AND CASH EQUIVALENTS, BEGINNING</b>	<u>1,387,865</u>	<u>270,970</u>
<b>CASH AND CASH EQUIVALENTS, ENDING</b>	<u><u>\$ 905,230</u></u>	<u><u>\$ 1,387,865</u></u>

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**

---

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

**Description of Organization**

Visit Pensacola, Inc. (“VPI”) was formed in 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.

**Basis of Accounting and Presentation**

The financial statements of VPI have been prepared on the accrual basis of accounting and in accordance with the accounting principles generally accepted in the United States of America (“US GAAP”) which requires that VPI report information regarding its financial position and activities based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes in net assets therein are classified as follows:

Net Assets without Donor Restrictions – Net assets available for general use and are not subject to donor restrictions.

Net Assets with Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature that may or will be met either by passage of time or the events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. VPI did not have any net assets at September 30, 2021 and 2020, where the donor imposed restrictions.

**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 within three months of maturity to be cash equivalents.

**Accounts Receivable**

Accounts receivable are reported at unpaid balances less an allowance for doubtful accounts, if applicable. Management evaluates the status of unpaid accounts and adjusts the allowance as necessary through a provision for bad debt expense. No provision for uncollectible accounts had been established as of September 30, 2021 and 2020, as accounts receivable are considered to be fully collectible.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**

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

**Revenue Recognition**

Revenues are reported as increases in net assets without donor restrictions, unless their use is limited by donor-imposed restrictions. Under accounting standards, earned revenue measurement is driven via a principles-based process that requires the entity: 1) identify the contract with the customer; 2) identify the performance obligations in the contract; 3) determine the transaction price; 4) allocate the transaction price to the performance obligations; and 5) recognize revenue when (or as) performance obligations are satisfied. Contributed support follows different standards. A summary of each of the revenue and support flows are as follows:

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”). In accordance with the agreement with the County, VPI receives funding on a reimbursement basis from the County as expenditures are incurred in carrying out its mission.

Gifts and grants, including unconditional promises to give, are recognized as revenues as either without or with donor restrictions in the period verifiably committed by the donor. Gifts and grants of assets other than cash are recorded at their estimated fair value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the estimated future cash flows using a risk adjusted discount rate depending on the time period involved. Amortization of the discount is included in gift and grant revenue in accordance with the donor-imposed restrictions, if any, on the gifts or grants. Gifts or grants with donor-imposed restrictions that can be met through the passage of time or upon the incurring of expenses consistent with the purposes are recorded as net assets with restrictions and reclassified to net assets without donor restrictions when such time or purposes restriction has been satisfied.

Gifts of property and equipment are recorded as without donor restrictions, unless the donor explicitly states how such assets should be used. Gifts of cash or other assets that must be used to acquire long lived assets are reported as net assets with donor restrictions. VPI reports expirations of donor restrictions when the donated or acquired long lived asset is placed into service.

Conditional contributions are recorded as revenue when such amounts become unconditional, which generally involves the overcoming of a barrier to entitlement. This can include items like meeting a matching provision, incurring specified allowable expenses in accordance with a framework of allowable costs or other barriers. Contributions received pending designation by the donor are considered to be net assets with donor restrictions until donor stipulations are clarified at which time such are reclassified, if required.

Partnership dues represent revenues from businesses with interests in Escambia County that wish to support VPI’s efforts to promote tourism within Escambia County. Partnership dues are recognized ratably on a monthly basis over the partnership period as the performance obligations are satisfied. Management believes that recognizing revenue over time is the best measure of services rendered based on the length of the partnership. Management does not consider there to be significant judgment involved in the timing of satisfaction of performance obligations as those are directly linked to the length of the partnership.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**

---

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

**Inventories**

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

**Equipment**

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

**Donated Assets and Use of Facilities**

Donated equipment and other noncash donations are valued at estimated fair value at the date of donation. VPI uses certain equipment 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 estimated fair market value of the use of these assets is recorded as in-kind income and related equipment and building repairs in the statements of functional expenses. Effective July 2020, VPI occupies space at the Pensacola Visitor Information Center under a lease agreement with the City of Pensacola for \$10 annually. The lease term is 15 years unless otherwise terminated pursuant to the agreement. The estimated fair value of the use of these facilities are recorded as in-kind income and rent expense in the statements of functional expenses.

**Unearned Revenue**

Unearned revenue consists of partnership dues and advertising income, which were received in advance. The revenue will be recognized over the terms of the partnerships or once the advertisement occurs.

**Compensated Absences**

The liability for compensated absences of \$44,913 and \$29,271 as of September 30, 2021 and 2020, respectively, is included in accrued payroll and expenses. This represents amounts owed to employees under VPI's paid time off policy.

**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 based on time and effort or occupancy costs.

**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.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**

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

**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 its exempt purposes. VPI is not aware of any uncertain tax positions that would require disclosure or accrual in accordance with generally accepted accounting principles.

**Subsequent Events**

VPI has evaluated events and transactions that occurred between September 30, 2021 and March 7, 2022, which is the date that financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

**2. ACCOUNTS RECEIVABLE**

Accounts receivable at September 30, 2021 and 2020, consisted of the following:

	<u>2021</u>	<u>2020</u>
Tourism development tax receivable	\$ 1,465,730	\$ 379,852
Partnership dues	4,461	3,070
Other	<u>220</u>	<u>5,969</u>
Accounts receivable	<u>\$ 1,470,411</u>	<u>\$ 388,891</u>

**3. LINE OF CREDIT**

VPI has a revolving line of credit with Regions Bank in the amount of \$500,000. The interest rate is LIBOR plus 0.50%. The line of credit matures on October 15, 2021, and is secured by inventory, accounts, equipment, general intangibles and fixtures. At September 30, 2021 and 2020, there was no outstanding balance on the line of credit.

**4. PAYCHECK PROTECTION PROGRAM LOAN**

In February 2021, VPI obtained a loan (the Loan) from Regions Bank in the amount of \$203,237 under the Paycheck Protection Program (PPP) established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Under the terms of the PPP, up to 100% of the loan and related interest may be forgiven if the proceeds are used for covered expenses, and certain other requirements related to wage rates and maintenance of full-time equivalents are met. VPI applied for forgiveness and received forgiveness of \$203,237 from the Small Business Administration (SBA) in November 2021.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**

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**5. GRANT INCOME**

During the year ended September 30, 2021, VPI received \$500,000 in CARES Act Coronavirus Relief Funds from the County. Under the terms of the CARES Agreement, the County reimbursed VPI \$500,000 for CARES Act eligible expenses incurred through December 30, 2020.

**6. LIQUIDITY AND AVAILABILITY**

VPI regularly monitors liquidity to meet its operating needs and other contractual commitments. VPI has various sources of liquidity at its disposal including cash, receivables and line of credit. For purposes of analyzing resources available to meet general expenditures over a 12-month period, VPI considers all expenditures related to its ongoing activities of its mission, as well as the conduct of services undertaken to support those activities to be general expenditures.

As of September 30, 2021 and 2020, the following table shows the total financial assets held by VPI and the amounts of those financial assets available within one year of the date of the statement of financial position to meet general expenditures.

	<b>2021</b>	<b>2020</b>
Financial assets at year end:		
Cash	\$ 905,230	\$ 1,387,865
Accounts receivable	1,470,411	388,891
Total financial assets available to meet general expenditures over the next 12 months	<b>\$ 2,375,641</b>	<b>\$ 1,776,756</b>

**7. 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 a financial institution, which at times, may exceed federally insured limits. The balances held with the 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 \$1,232,879 and \$1,196,276 at September 30, 2021 and 2020, respectively. 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, 2021 AND 2020**

**8. SUBRECIPIENT EXPENSE**

VPI is the fiscal agent for ACE and Pensacola Sports Association, Inc. (PSA). In accordance with the Miscellaneous Appropriations Agreements between the County and VPI (the Agreement), VPI accepts tourism development revenue from the County on behalf of PSA and ACE. As fiscal agent for ACE and PSA, VPI is responsible for administering the funding and ensuring it is spent in accordance with the Agreement.

In accordance with GAAP, this arrangement does not meet the criteria of being an agency transaction; therefore, the expenses incurred by each entity and reimbursed by VPI are recorded as subrecipient expense in the statements of functional expenses.

Subrecipient expenses for the year ended September 30, 2021, consisted of the following:

	<u>ACE</u>	<u>PSA</u>	<u>Total</u>
Direct programming expense	\$ 944,576	\$ 352,084	\$ 1,296,660
Operations expense	-	59,252	59,252
Personnel expense	-	243,590	243,590
Total subrecipient expense	<u>\$ 944,576</u>	<u>\$ 654,926</u>	<u>\$ 1,599,502</u>

Subrecipient expenses for the year ended **September 30, 2020**, consisted of the following:

	<u>ACE</u>	<u>PSA</u>	<u>Total</u>
Direct programming expense	\$ 420,400	\$ 292,234	\$ 712,634
Operations expense	-	67,067	67,067
Personnel expense	-	317,532	317,532
Total subrecipient expense	<u>\$ 420,400</u>	<u>\$ 676,833</u>	<u>\$ 1,097,233</u>

**9. 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.

**10. 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 6% of compensation for each payroll period. The matching contributions totaled \$21,833 and \$22,653 for the years ended September 30, 2021 and 2020, respectively.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**

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**11. SUBSEQUENT EVENTS**

VPI renewed its \$500,000 revolving line of credit with Regions Bank. The interest rate is LIBOR plus 0.50%. The line of credit matures on October 15, 2022, and is secured by inventory, accounts, equipment, general intangibles and fixtures. VPI borrowed \$450,000 from the line of credit on October 12, 2021 and was fully repaid on November 23, 2021.

On February 28, 2022, VPI returned \$203,237 to the County for payroll costs funded by the PPP Loan.

**VISIT PENSACOLA, INC.**  
**FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2020 AND 2019**

**VISIT PENSACOLA, INC.**  
**TABLE OF CONTENTS**  
**SEPTEMBER 30, 2020 AND 2019**

---

<b>INDEPENDENT AUDITORS' REPORT</b>	1
<b>FINANCIAL STATEMENTS</b>	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	6
Notes to the Financial Statements	7

## 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, 2020 and 2019, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our 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, 2020 and 2019, 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.

*Warren Averett, LLC*

Pensacola, Florida  
November 30, 2020

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2020 AND 2019**

<b>ASSETS</b>		
	<b>2020</b>	<b>2019</b>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 1,387,865	\$ 270,970
Accounts receivable	388,891	1,399,448
Inventories	599	1,717
Prepaid expenses	102,880	114,385
Total current assets	1,880,235	1,786,520
<b>NONCURRENT ASSETS</b>		
Equipment, net	3,455	4,606
<b>TOTAL ASSETS</b>	<b>\$ 1,883,690</b>	<b>\$ 1,791,126</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 639,456	\$ 530,403
Accrued payroll and expenses	57,762	66,170
Unearned revenue	66,700	40,635
Total current liabilities	763,918	637,208
<b>NET ASSETS</b>		
Without donor restrictions	1,119,772	1,153,918
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 1,883,690</b>	<b>\$ 1,791,126</b>

See notes to the financial statements.

**VISIT PENSACOLA, INC.  
STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019**

	<b>2020</b>	<b>2019</b>
<b>SUPPORT AND REVENUE WITHOUT DONOR RESTRICTIONS</b>		
Tourism development revenue	\$ 6,332,634	\$ 8,746,795
Partnership dues and membership income	98,429	94,244
Advertising income	8,002	91,883
In-kind income	161,274	165,577
Grant income	-	190,477
Event income	14,135	18,110
Merchandise sales	1,931	15,026
Miscellaneous income	12,212	7,568
Total support and revenue without donor restrictions	6,628,617	9,329,680
<b>OPERATING EXPENSES</b>		
Program expenses		
Tourism development	6,008,054	8,660,493
Supporting expenses		
Management and general	654,709	481,319
Total operating expenses	6,662,763	9,141,812
<b>CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	(34,146)	187,868
<b>NET ASSETS WITHOUT DONOR RESTRICTIONS, BEGINNING OF YEAR</b>	1,153,918	966,050
<b>NET ASSETS WITHOUT DONOR RESTRICTIONS, END OF YEAR</b>	\$ 1,119,772	\$ 1,153,918

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019**

	<b>2020</b>		
	<b>Program Services</b>	<b>Supporting Services</b>	<b>Total</b>
	<b>Tourism</b>	<b>Management &amp; General</b>	
Advertising	2,191,353	-	2,191,353
Advertising agency fees	180,000	-	180,000
Bad debt expense (recovery)	-	80	80
Bank and credit card fees	-	4,544	4,544
Brochures and collateral	24,187	-	24,187
Depreciation	798	353	1,151
Dues and subscriptions	32,348	-	32,348
Equipment and building repair	90,118	39,574	129,692
Festivals and events	430,283	-	430,283
Information technology	26,677	11,800	38,477
In-kind rent	89,990	40,097	130,087
Insurance	17,455	7,722	25,177
Marketing research	432,395	-	432,395
Miscellaneous expense	-	536	536
Office supplies	28,511	9,149	37,660
Partnership expense	62,797	3,031	65,828
Personnel expense	798,179	355,392	1,153,571
Postage	19,203	8,495	27,698
Production	345,732	-	345,732
Professional services	-	35,140	35,140
Promotions	83,494	-	83,494
Public relations	73,102	-	73,102
Registration	32,176	-	32,176
Sales tax	-	1,275	1,275
Subrecipient expense - ACE	420,400	-	420,400
Subrecipient expense - PSA	558,881	117,952	676,833
Travel, meals and entertainment	38,031	5,438	43,469
Utilities	31,944	14,131	46,075
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 6,008,054</b>	<b>\$ 654,709</b>	<b>\$6,662,763</b>

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF FUNCTIONAL EXPENSES – CONTINUED**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019**

	<b>2019</b>		
	<b>Program Services</b>	<b>Supporting Services</b>	<b>Total</b>
	<b>Tourism</b>	<b>Management &amp; General</b>	
Advertising	\$2,685,747	\$ -	\$2,685,747
Advertising agency fees	180,564	-	180,564
Bad debt expense (recovery)	-	(9,494)	(9,494)
Bank and credit card fees	-	7,864	7,864
Brochures and collateral	122,381	-	122,381
Depreciation	898	254	1,152
Dues and subscriptions	35,193	-	35,193
Equipment and building repair	78,553	22,195	100,748
Festivals and events	695,254	-	695,254
Information technology	33,842	9,561	43,403
In-kind rent	101,430	28,658	130,088
Insurance	17,707	5,003	22,710
Marketing research	534,315	-	534,315
Miscellaneous expense	-	245	245
Office supplies	29,272	14,291	43,563
Partnership expense	105,516	1,973	107,489
Personnel expense	896,756	270,742	1,167,498
Postage	31,044	8,772	39,816
Production	588,317	-	588,317
Professional services	-	30,162	30,162
Promotions	74,359	-	74,359
Public relations	40,912	-	40,912
Registration	79,191	-	79,191
Sales tax	-	2,276	2,276
Subrecipient expense - ACE	1,394,161	-	1,394,161
Subrecipient expense - PSA	799,773	74,760	874,533
Travel, meals and entertainment	92,868	2,066	94,934
Utilities	42,440	11,991	54,431
<b>TOTAL OPERATING EXPENSES</b>	<b>\$8,660,493</b>	<b>\$ 481,319</b>	<b>\$9,141,812</b>

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ (34,146)	\$ 187,868
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Bad debt expense (recovery)	80	(9,494)
Depreciation	1,151	1,152
Decrease (increase) in:		
Accounts receivable	1,010,477	(1,115,218)
Inventories	1,118	1,851
Prepaid expenses	11,505	89,711
Increase (decrease) in:		
Accounts payable	109,053	98,050
Accrued payroll and expenses	(8,408)	357
Unearned revenue	26,065	18,248
Net cash provided by (used in) operating activities	<u>1,116,895</u>	<u>(727,475)</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	1,116,895	(727,475)
<b>CASH AND CASH EQUIVALENTS, BEGINNING</b>	<u>270,970</u>	<u>998,445</u>
<b>CASH AND CASH EQUIVALENTS, ENDING</b>	<u><u>\$ 1,387,865</u></u>	<u><u>\$ 270,970</u></u>

See notes to the financial statements.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2020 AND 2019**

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

**Description of Organization**

Visit Pensacola, Inc. (“VPI”) was formed in 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.

**Basis of Accounting and Presentation**

The financial statements of VPI have been prepared on the accrual basis of accounting and in accordance with the accounting principles generally accepted in the United States of America (“US GAAP”) which requires that VPI report information regarding its financial position and activities based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes in net assets therein are classified as follows:

Net Assets without Donor Restrictions – Net assets available for general use and are not subject to donor restrictions.

Net Assets with Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature that may or will be met either by passage of time or the events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. VPI did not have any net assets at September 30, 2020 and 2019, where the donor imposed restrictions.

**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 within three months of maturity to be cash equivalents.

**Accounts Receivable**

Accounts receivable are reported at unpaid balances less an allowance for doubtful accounts, if applicable. Management evaluates the status of unpaid accounts and adjusts the allowance as necessary through a provision for bad debt expense. No provision for uncollectible accounts had been established as of September 30, 2020 and 2019, as accounts receivable are considered to be fully collectible.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2020 AND 2019**

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

**Revenue Recognition**

Revenues are reported as increases in net assets without donor restrictions unless their use is limited by donor-imposed restrictions. Under accounting standards, earned revenue measurement is driven via a principles based process that requires the entity: 1) identify the contract with the customer; 2) identify the performance obligations in the contract; 3) determine the transaction price; 4) allocate the transaction price to the performance obligations; and 5) recognize revenue when (or as) performance obligations are satisfied. Contributed support follows different standards. A summary of each of the revenue and support flows are as follows:

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”). In accordance with the agreement with the County, VPI receives funding on a reimbursement basis from the County as expenditures are incurred in carrying out its mission.

Gifts and grants, including unconditional promises to give, are recognized as revenues as either without or with donor restrictions in the period verifiably committed by the donor. Gifts and grants of assets other than cash are recorded at their estimated fair value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the estimated future cash flows using a risk adjusted discount rate depending on the time period involved. Amortization of the discount is included in gift and grant revenue in accordance with the donor-imposed restrictions, if any, on the gifts or grants. Gifts or grants with donor-imposed restrictions that can be met through the passage of time or upon the incurring of expenses consistent with the purposes are recorded as net assets with restrictions and reclassified to net assets without donor restrictions when such time or purposes restriction has been satisfied.

Gifts of property and equipment are recorded as without donor restrictions, unless the donor explicitly states how such assets should be used. Gifts of cash or other assets that must be used to acquire long lived assets are reported as net assets with donor restrictions. VPI reports expirations of donor restrictions when the donated or acquired long lived asset is placed into service.

Conditional contributions are recorded as revenue when such amounts become unconditional, which generally involves the overcoming of a barrier to entitlement. This can include items like meeting a matching provision, incurring specified allowable expenses in accordance with a framework of allowable costs or other barriers. Contributions received pending designation by the donor are considered to be net assets with donor restrictions until donor stipulations are clarified at which time such are reclassified, if required.

Partnership dues represent revenues from businesses with interests in Escambia County that wish to support VPI’s efforts to promote tourism within Escambia County. Partnership dues are recognized ratably on a monthly basis over the partnership period as the performance obligations are satisfied. Management believes that recognizing revenue over time is the best measure of services rendered based on the length of the partnership. Management does not consider there to be significant judgment involved in the timing of satisfaction of performance obligations as those are directly linked to the length of the partnership.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2020 AND 2019**

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

**Inventories**

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

**Equipment**

VPI capitalizes all expenditures in excess of \$1,000 for equipment at cost. Repairs and maintenance expenses are expensed as incurred. Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis. Equipment is depreciated over five to seven years.

**Donated Assets and Use of Facilities**

Donated equipment and other noncash donations are valued at estimated fair value at the date of donation. VPI uses certain equipment 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 estimated fair market value of the use of these assets is recorded as in-kind income and related equipment and building repairs in the statements of functional expenses. Effective July 2020, VPI occupies space at the Pensacola Visitor Information Center under a lease agreement with the City of Pensacola for \$10 annually. The lease term is 15 years unless otherwise terminated pursuant to the agreement. The estimated fair value of the use of these facilities are recorded as in-kind income and rent expense in the statements of functional expenses.

**Unearned Revenue**

Unearned revenue consists of partnership dues and advertising income, which were received in advance. The revenue will be recognized over the terms of the partnerships or once the advertisement occurs.

**Compensated Absences**

The liability for compensated absences of \$29,271 and \$34,841 as of September 30, 2020 and 2019, respectively, is included in accrued payroll and expenses. This represents amounts owed to employees under VPI's paid time off policy.

**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 based on time and effort or occupancy costs.

**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.

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2020 AND 2019**

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

**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 its exempt purposes. VPI is not aware of any uncertain tax positions that would require disclosure or accrual in accordance with generally accepted accounting principles.

**New Accounting Pronouncements**

Effective October 1, 2019, VPI adopted ASU-2014-09, “Revenue from Contracts with Customers (Topic 606),” which amends existing revenue recognition standards and establishes a new Accounting Standards Codification (“ASC”) Topic 606. The core principle of this amendment is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects consideration to which the entity expects to be entitled in exchange for these goods or services. VPI concluded that all of its contracts with customers consist of a single performance obligation to transfer promised services and are, therefore, not impacted by the adoption of ASC 606.

Effective October 1, 2019, VPI adopted the ASU-No. 2018-08, “Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made.” ASU No. 2018-08 requires that unconditional contributions (those that do not include a measurable performance-related or other barrier, or those in which VPI has limited discretion over how the contribution should be spent) are recognized as revenues in the period received and are reported as increases in the appropriate categories of net assets in accordance with donor restrictions. Expirations of donor-imposed restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from restrictions. Contributions that include a measurable barrier or those for which VPI has limited discretion over how the contributions should be spent are recorded as conditional contributions. Conditional contributions are not recognized until they have become unconditional; that is, when the conditions surrounding the indications of the barrier have been met. The adoption of ASU No. 2018-08 did not have an impact on the financial statements.

**Subsequent Events**

VPI has evaluated events and transactions that occurred between September 30, 2020 and November 30, 2020, 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, 2020 AND 2019**

**2. ACCOUNTS RECEIVABLE**

Accounts receivable at September 30, 2020 and 2019, consisted of the following:

	<u>2020</u>	<u>2019</u>
Tourism development tax receivable	\$ 379,852	\$ 1,383,168
Partnership dues	3,070	2,860
Other	<u>5,969</u>	<u>13,420</u>
Accounts receivable	<u>\$ 388,891</u>	<u>\$ 1,399,448</u>

**3. LINE OF CREDIT**

VPI has a revolving line of credit with Regions Bank in the amount of \$500,000. The interest rate is LIBOR plus 0.50%. The line of credit matures on October 15, 2021, and is secured by inventory, accounts, equipment, general intangibles and fixtures. At September 30, 2020 and 2019, there was no outstanding balance on the line of credit.

**4. LIQUIDITY AND AVAILABILITY**

VPI regularly monitors liquidity to meet its operating needs and other contractual commitments. VPI has various sources of liquidity at its disposal including cash, receivables, and line of credit. For purposes of analyzing resources available to meet general expenditures over a 12-month period, VPI considers all expenditures related to its ongoing activities of its mission, as well as the conduct of services undertaken to support those activities to be general expenditures.

As of September 30, 2020 and 2019, the following table shows the total financial assets held by VPI and the amounts of those financial assets available within one year of the date of the statement of financial position to meet general expenditures.

	<u>2020</u>	<u>2019</u>
Financial assets at year end:		
Cash	\$ 1,387,865	\$ 270,970
Accounts receivable	<u>388,891</u>	<u>1,399,448</u>
Total financial assets available to meet general expenditures over the next 12 months	<u>\$ 1,776,756</u>	<u>\$ 1,670,418</u>

**VISIT PENSACOLA, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
SEPTEMBER 30, 2020 AND 2019**

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**5. 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 a financial institution, which at times, may exceed federally insured limits. The balances held with the 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 \$1,196,276 and \$46,637 at September 30, 2020 and 2019, respectively. VPI has not experienced any losses in such accounts and believes it is not exposed to any significant risk.

**6. SUBRECIPIENT EXPENSE**

VPI is the fiscal agent for ACE and Pensacola Sports Association, Inc. (PSA). In accordance with the Miscellaneous Appropriations Agreements between the County and VPI (the Agreement), VPI accepts tourism development revenue from the County on behalf of PSA and ACE. As fiscal agent for ACE and PSA, VPI is responsible for administering the funding and ensuring it is spent in accordance with the Agreement.

In accordance with GAAP, this arrangement does not meet the criteria of being an agency transaction; therefore, the expenses incurred by each entity and reimbursed by VPI are recorded as subrecipient expense in the statements of functional expenses.

Subrecipient expenses for the year ended September 30, 2020, consisted of the following:

	<u>ACE</u>	<u>PSA</u>	<u>Total</u>
Direct programming expense	\$ 420,400	\$ 292,234	\$ 712,634
Operations expense	-	67,067	67,067
Personnel expense	-	317,532	317,532
Total subrecipient expense	<u>\$ 420,400</u>	<u>\$ 676,833</u>	<u>\$ 1,097,233</u>

Subrecipient expenses for the year ended September 30, 2019, consisted of the following:

	<u>ACE</u>	<u>PSA</u>	<u>Total</u>
Direct programming expense	\$ 1,394,161	\$ 535,181	\$ 1,929,342
Operations expense	-	64,352	64,352
Personnel expense	-	275,000	275,000
Total subrecipient expense	<u>\$ 1,394,161</u>	<u>\$ 874,533</u>	<u>\$ 2,268,694</u>

**VISIT PENSACOLA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2020 AND 2019**

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**7. 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.

**8. 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 5% of compensation for each payroll period. Effective October 1, 2019, the limit was increased to 6% of compensation for each payroll period. The matching contributions totaled \$22,653 and \$23,902 for the years ended September 30, 2020 and 2019, respectively.

**9. COMMITMENT AND CONTINGENCIES**

*Novel Coronavirus:*

The outbreak of the novel coronavirus has adversely impacted global commercial activity and contributed to significant declines and volatility in financial markets. The coronavirus pandemic and government responses are creating disruption in global supply chains and adversely impacting many industries. The outbreak could have a continued material adverse impact on economic and market conditions and trigger a period of global economic slowdown. The rapid development and fluidity of this situation precludes any prediction as to the ultimate material adverse impact of the novel coronavirus. Nevertheless, the novel coronavirus presents material uncertainty and risk with respect to VPI, its performance and its financial results.

**10. SUBSEQUENT EVENT**

On August 27, 2020, VPI entered into a CARES Act Funding Program Agreement (the CARES Agreement) with the County. Under the CARES Agreement, the County has agreed to reimburse VPI up to \$500,000 for CARES Act eligible expenses incurred through December 30, 2020. As of November 30, 2020, no funds have been received by VPI under the CARES Agreement.



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- X Submit a fully completed Agency Funding Request Application
- X Submit a copy of your organization's current W-9
- X Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- X Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- X Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Art, Culture & Entertainment, Inc.

Agency Address: 151 W. Main Street, Suite 200, Pensacola, FL 32502

Program Name for which funding is being requested: Arts and Cultural Tourism Development

Amount Requested: 15.25% of Visit Pensacola's total allocation per agreement with VP

Program Contact: Mary Henriques, President and Jeff Brooks, Secretary

Contact Email: [maryhamlin1952@gmail.com](mailto:maryhamlin1952@gmail.com) (Mary) and [jeff.brooks@ms.com](mailto:jeff.brooks@ms.com) (Jeff)

Contact Phone: (850) 572-1567 (Mary) & 901-240-4502 (Jeff)

25-Word Description of Program: **To support the arts and cultural programming organizations in Escambia County through general operating grants. To attract and broaden the base of tourists through the Vacation Artfully cultural tourism marketing campaign and the annual Foo Foo Festival.**

How many years has your organization been providing services in the County? 14 years

How many years has your organization received funding from the County? 14 years

Explain how receiving funds from the County would have a significant impact on your organization: **We are a 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. There is no other agency doing the work we do.**

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: **The amount received from Escambia County for Fiscal Year 2021-2022 was \$1,850,358.**

Briefly discuss how last year's funds were used? **Last year, funds were used to support the arts and cultural programming organizations to improve and drive cultural tourism through a general operating support program and the annual Foo Foo Festival. Annual marketing, advertising and public relations agreements entered into with Hummingbird Ideas and Giant Noise partners to promote the Vacation Artfully Initiative were resumed and escalated.**

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? **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 and the Foo Foo Festival.**

In order to have credible metrics about the impact of the Foo Foo Festival in terms of contribution to tourism visitation to Pensacola, ACE has commissioned several research studies from the Haas Center for Business Research and Economic Development at UWF. The studies survey Foo Foo Festival attendees to assess spending by out-of-town visitors that would not have occurred absent the Festival. The Haas study of 2023 found Foo Foo Festival visitor spending was responsible for 145 net new jobs (spread across the local economy), generating \$7.5 million in net new gross regional product, \$12.7 million in net new sales, and \$5.5 million in net new personal incomes in the local economy. By way of contrast, these figures are some 10 times greater than the amounts shown in the Haas study of the 2016 Foo Festival for these same metrics. The reason for the large increase is clear in comparing the two studies. In 2016, only 38 percent of respondents said that they had been aware of Foo Foo Festival prior to their visit. In contrast, the 2022 surveys showed that 66 percent were aware of Foo Foo Festival prior to traveling, and 52 percent of visitors said Foo Foo Festival was primary reason for their visit to Pensacola. In addition, over 30% of participants were not residents of Escambia

County, and our year or year change in participant from different states spiked from 5 states to 31. This large change in visitor awareness, trip planning, and thus net new spending can be attributed to prior experience with the Festival and to effective marketing and is indeed growing a national presence. The fact that this spending occurs several months after the summer high season has concluded is particularly important, as it helps make Pensacola a year-round destination that will allow business owners to invest in the assets such as hotels and restaurants that need visitors year-round to earn the revenue needed to keep them in business. It is a key step in transforming Pensacola's tourism economy from a summer industry that rolls up the sidewalks between Labor Day and Memorial Day into a business that supports year-round jobs.

#### **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? **This year's request will be used for our General Operating Support Program and cultural tourism marketing and promotion through two campaigns: Foo Foo Festival and Vacation Artfully. There is no other cultural tourism marketing program being executed in Escambia County.**

Is your program a governmental function or requirement? If a governmental request, please cite regulatory/statutory requirement. Please explain: **The program is not a government function in Escambia County. It should be a requirement for the County to invest in the arts and provide cultural tourism marketing through a partner agency like ACE, but it is not.**

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: **N/A**

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. **We are a 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. There is no other agency doing the work we do.**

### **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs?

**We have no employees so 100% of these funds will be used to support direct programming costs.**

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**

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.

**We also request funds from the City of Pensacola to support these same programs. We received \$125,000 for fiscal years 2021 and 2022. Of the funds received, \$100,000 support our General Operating Grant Program and \$25,000 supported our Foo Foo Festival.**

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Improve quality of life for residents and visitors.	N/A	N/A	N/A	%
2. Support arts and cultural destination experiences.	N/A	N/A	N/A	%
3. Improve and diversify tourism	N/A	N/A	N/A	%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Major Grant application scores measuring individual applicant outcomes.	N/A
2. Current level of tourism in TDT collections and occupancy rates.	N/A
3. HAAS Center Report showing economic impact of programs.	N/A

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY24
1. The economic impact of Foo Foo Festival is measured by the HAAS Center at the University of West Florida	N/A
2. The effectiveness of Marketing and Advertising is measured by comparing our total impressions and click through rates with other industry participants.	N/A
3. Marketing and Advertising is measured by the trends in tourism, TDT collections and Occupancy Rates.	N/A

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year FY 2020	Current Budget Year FY 2021	Proposed Budget Year FY 2022
Contributions/Donations from Private Sources	7,000	8,500	8,000
Programmatic Income			
County Funding/Direct Contribution	944,576	1,850,158	1,897,075
County Funding by Other Source (a)			
City Funding	125,000	125,000	125,000
Local Non-Profit Funding			
State Funding	7,699.11	7,129	7,000
Federal Funding			
Memberships			
Investment Income	8	2	
Other Income (b)			
<b>Total Income</b>	<b>1,084,283</b>	<b>1,990,789</b>	<b>2,037,075</b>

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
(Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) **N/A**

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. **N/A**

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2020	Current Budget Year FY 2021	Proposed Budget Year FY 2022
Total Number of Staff			
Salaries and Wages			
Employee Benefits			
Professional Services	4,500	4,500	4,500
Contractual Services	660,471	500,000	470,107
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion	417,067	1,473,041	1,558,468
Fuel			
Supplies			
Event Expenses			
Capitalizable Assets for County Funding (a)			
Other Expenses (b)	3,912	2,243	4,000
<b>Total Expenses</b>	<b>1,085,950</b>	<b>1,979,784</b>	<b>2,037,075</b>
Net Income - (Revenue minus Expense)	<b>(1,667)</b>	<b>11,005</b>	<b>0</b>

(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. **N/A**

(b) Please explain any request listed in the "Other Expenses" line item. **N/A**

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? **Fiscal Year End September 30**
2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. **N/A**
3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? **Difference in funds was due to checks being written and held past 9-30. Checks were not sent until the remaining fund were received.**
4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
N/A		

5. Please provide the total amount of cash and investments on hand. **N/A**
6. Does your organization charge fees for services? If so, provide a list of fees charged. **N/A**
7. Does your organization require background checks from volunteers and staff? **N/A**

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan? **N/A**
2. How many jobs were created this year over last year by zip code? **N/A**
3. What is the net cost per job created? **N/A**

**ADDITIONAL QUESTIONS (Economic Development)**

- 1. What was done by your agency to address the "Pockets of Poverty"? **N/A**
- 2. Did your agency receive any grants? List the amount and a detailed use of the funds.

**N/A**

- 3. Was there any increase in membership for the local chambers? **N/A**
- 4. What are your agency's statistics on business creation and minority businesses by zip code? **N/A**
- 5. Can we reduce the taxpayer subsidy? **N/A**

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

  
Name \_\_\_\_\_  
Secretary \_\_\_\_\_ Date **3-31-23**  
Title \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Art Culture and Entertainment, Inc</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Tax Exempt, Not-for-profit Corporation</b></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>1</u></p> <p>Exemption from FATCA reporting code (if any) <u>A</u></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>151 W, Main Street, Suite 200</b></p> <p><b>6</b> City, state, and ZIP code <b>Pensacola, FL 32502</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
2	7	-	1	3	9	6	4	2	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 for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ </p>	<p>Date ▶ <u>3-22-2022</u></p>
------------------	------------------------------------	--------------------------------

### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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-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, later.*

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

DEPARTMENT OF THE TREASURY

Date:

**AUG 10 2010**

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

Employer Identification Number:  
27-1396429  
DLN:  
200205004  
Contact Person:  
CHRIS BROWN ID# 31503  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
September 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
yes  
Effective Date of Exemption:  
December 2, 2009  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

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

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

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

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

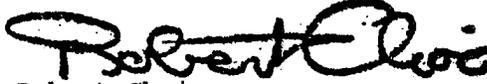
INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201  
Dear Applicant:

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

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

OMB No. 1545-0047  
**2020**  
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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** 10/01/20 , **and ending** 09/30/21

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

**C** Name of organization: ART, CULTURE, AND ENTERTAINMENT, INC.  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): 801 W ROMANA STREET, SUITE A Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: PENSACOLA FL 32502

**D** Employer identification number: 27-1396429  
**E** Telephone number: 850-293-4822  
**G** Gross receipts: \$ 1,084,283

**F** Name and address of principal officer:  
 MATT DAVIS  
 101 PALAFOX PLACE #988  
 PENSACOLA FL 32591

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

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

**J** Website: N/A **H(c)** Group exemption number: \_\_\_\_\_  
**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 2009 **M** State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: RECEIVES STATE, COUNTY, CITY, AND PERSONAL FUNDS TO DISPERSE THROUGH AN EQUITABLE GRANTING PROCESS TO ARTS, CULTURE, AND ENTERTAINMENT ORGANIZATIONS THROUGHOUT ESCAMBIA COUNTY, FL				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15		
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	0		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	561,699	Current Year	1,084,275
	<b>9</b> Program service revenue (Part VIII, line 2g)				0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		102		8
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		561,801		1,084,283
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		500,000		660,471
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶</b>				0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,341		425,479
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		529,341		1,085,950	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		32,460		-1,667	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	77,763	End of Year	146,996
	<b>21</b> Total liabilities (Part X, line 26)		1,685		72,585
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		76,078		74,411

**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: MATT DAVIS Date: \_\_\_\_\_  
 Type or print name and title: \_\_\_\_\_ TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: JOSHUA C. DURST Preparer's signature: JOSHUA C. DURST Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00436839  
 Firm's name: DURST JORDAN CPA PA Firm's EIN: 45-0529207  
 Firm's address: 4459-B HIGHWAY 90 MILTON, 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 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:

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 [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 \$ 410,000 including grants of \$ 410,000 ) (Revenue \$ )

RECEIVED, ACCOUNTED FOR, AND DISBURSED GRANTS TO QUALIFIED ORGANIZATIONS PROVIDING ART AND CULTURE PROGRAMS AND ACTIVITIES AND THE GENERAL PUBLIC THROUGHOUT ESCAMBIA COUNTY, FL.

4b (Code: ) (Expenses \$ 668,306 including grants of \$ 250,471 ) (Revenue \$ )

CULTURAL TOURISM - WHICH INCLUDES (1) AN 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; AND (2) A MARKETING CAMPAIGN TITLED "VACATION ARTFULLY" DESIGNED TO PROMOTE TOURISM IN THE REGION.

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

N/A

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

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

4e Total program service expenses 1,078,306

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 reporting and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows 1a-9. 1a: 15, 1b: 15. 2: X. 3: X. 4: X. 5: X. 6: X. 7a: X. 7b: X. 8a: X, 8b: X. 9: X.

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

Table with 4 columns: Question, Yes, No. Rows 10a-16b. 10a: X. 11a: X. 12a: X. 13: X. 14: X. 15a: X, 15b: X. 16a: X.

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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

MATT DAVIS 101 PALAFOX PLACE #988 FL 32591 850-293-4822 PENSACOLA

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

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

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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include DAVID BEAR, LIKO CRUMP, MATT DAVIS, DEAN FOSTER, MARIA V GOLDBERG, RICK HARPER, MARY HENRIQUES, MATTHEW HOFFMAN, LISA IHNS, HOLLY JURNOVOY, and THERESE MCKENZIE.

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

(A) Name and title	(B) Average hours per week 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) MARGIE MOORE ..... DIRECTOR	0.00 0.00	X						0	0	0
(13) BOB SCHUSTER ..... SECRETARY	0.00 0.00	X		X				0	0	0
(14) LORI STOREY ..... DIRECTOR	0.00 0.00	X						0	0	0
(15) CAROL TANKSLEY ..... DIRECTOR	0.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....		X
<b>5</b> 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> .....		X

**Section B. Independent Contractors**

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

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

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	660,471	660,471		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	4,500		4,500	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	417,067	417,067		
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,667		1,667	
<b>23</b> Insurance	2,219	768	1,451	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BANK CHARGES	26		26	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,085,950	1,078,306	7,644	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	44,672	<b>1</b>	36,831
	<b>2</b> Savings and temporary cash investments	21,382	<b>2</b>	21,389
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	10,042	<b>4</b>	88,776
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	1,667	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	77,763	<b>16</b>	146,996	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	70,900
	<b>18</b> Grants payable	1,685	<b>18</b>	1,685
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,685	<b>26</b>	72,585
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	18,512	<b>27</b>	17,876
	<b>28</b> Net assets with donor restrictions	57,566	<b>28</b>	56,535
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	76,078	<b>32</b>	74,411
<b>33 Total liabilities and net assets/fund balances</b>	77,763	<b>33</b>	146,996	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,084,283
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,085,950
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,667
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	76,078
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	74,411

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</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	X	
<b>2c</b>	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 on Schedule O.	X	
<b>3a</b>	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>3b</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 on Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>ART, CULTURE, AND ENTERTAINMENT, INC.</b>	Employer identification number <b>27-1396429</b>
--------------------------------------------------------------------------	-----------------------------------------------------

**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)						
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,242,498	1,514,520	1,531,417	561,699	1,084,275	5,934,409
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,242,498	1,514,520	1,531,417	561,699	1,084,275	5,934,409
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						5,934,409

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	1,242,498	1,514,520	1,531,417	561,699	1,084,275	5,934,409
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67	136	1,158	102	8	1,471
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						5,935,880
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	110

**13 First 5 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**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.98%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	99.97%

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>			
<b>b</b>	A family member of a person described in line 11a above?		
<b>11b</b>			
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>			

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in line 2, above, 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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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>2a</b>			
<b>b</b>	Did the activities described in line 2a, above, 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>		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>			
<b>b</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>		
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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		
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b> Amounts paid to acquire exempt-use assets			
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )			
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.			
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.			
<b>9</b> Distributable amount for 2020 from Section C, line 6			
<b>10</b> Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 .....			
<b>b</b> From 2016 .....			
<b>c</b> From 2017 .....			
<b>d</b> From 2018 .....			
<b>e</b> From 2019 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 .....			
<b>b</b> Excess from 2017 .....			
<b>c</b> Excess from 2018 .....			
<b>d</b> Excess from 2019 .....			
<b>e</b> Excess from 2020 .....			



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

OMB No. 1545-0047

**2020**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization ART, CULTURE, AND ENTERTAINMENT, INC.	Employer identification number 27-1396429
----------------------------------------------------------------------	----------------------------------------------

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private 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<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ART, CULTURE, AND ENTERTAINMENT,

Employer identification number

27-1396429

**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	VISIT PENSACOLA 1401 E GREGORY STREET PENSACOLA FL 32502	\$ 855,800	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	\$ 125,000	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.)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ART, CULTURE, AND ENTERTAINMENT, INC.

Employer identification number

27-1396429

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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 make 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 program
- 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
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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** Term 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> 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" 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization **ART, CULTURE, AND ENTERTAINMENT,  
INC.**

Employer identification number  
**27-1396429**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

<b>1</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
<b>(1)</b>	BALLET OF PENSACOLA 400 S JEFFERSON ST PENSACOLA FL 32502	59-1834099		41,807				OPERATIONS
<b>(2)</b>	CHORAL SOCIETY OF PENSACOLA 1000 COLLEGE BLVD, RM 803 PENSACOLA FL 32504	23-7067468		7,920				OPERATIONS
<b>(3)</b>	FIESTA OF THE FIVE FLAGS ASSOCIATIO 2121 WEST INTENDENCIA ST PENSACOLA FL 32502	59-0607987		43,110				OPERATIONS
<b>(4)</b>	FIRST CITY ARTS CENTER 1060 NORTH GULLIEMARD ST PENSACOLA FL 32501	59-2782730		42,459				OPERATIONS
<b>(5)</b>	JAZZ SOCIETY OF PENSACOLA 17 SOUTH PALAFOX ST PENSACOLA FL 32502	59-2528174		8,331				OPERATIONS
<b>(6)</b>	PENSACOLA CHILDRENS CHORUS 46 E CHASE ST PENSACOLA FL 32502	59-3228889		44,135				OPERATIONS
<b>(7)</b>	PENSACOLA LITTLE THEATER 400 S JEFFERSON ST PENSACOLA FL 32502	59-0906711		45,811				OPERATIONS
<b>(8)</b>	PENSACOLA MESS HALL 116 N TARRAGONA ST PENSACOLA FL 32502	45-5211853		29,359				OPERATIONS
<b>(9)</b>	PENSACOLA OPERA 75 S TARRAGONA ST PENSACOLA FL 32502	59-2387417		43,669				OPERATIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

**Schedule I (Form 990) (2020)**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **ART, CULTURE, AND ENTERTAINMENT,  
INC.**

Employer identification number  
**27-1396429**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)	PENSACOLA SYMPHONY ORCHESTRA 205 E ZARRAGOZA ST PENSACOLA FL 32502	51-0196351		44,135				OPERATIONS
(2)	GALLERY NIGHT PENSACOLA 13 PALAFOX PL PENSACOLA FL 32502	81-3980482		8,388				OPERATIONS
(3)	PENSACOLA LIGHTHOUSE ASSOCIATION 2081 RADFORD BLVD PENSACOLA FL 32508	03-0584825		40,876				OPERATIONS
(4)	FRIENDS OF DOWNTOWN 226 S. PALAFOX PLACE PENSACOLA FL 32502	47-3452666		67,383				FOO FOO FESTIVAL
(5)	LEGAL SERVICES OF NORTH FLORIDA 2119 DELTA BLVD TALLAHASSEE FL 32303	51-0197090		15,000				FOO FOO FESTIVAL
(6)	PENSACOLA LGBT FILM FESTIVAL 5324 ROWE TRL PACE FL 32571	61-1730628		9,000				FOO FOO FESTIVAL
(7)	PENSACOLA LITTLE THEATER 400 S JEFFERSON ST PENSACOLA FL 32502	59-0906711		83,000				FOO FOO FESTIVAL
(8)	PENSACOLA MESS HALL 116 N TARRAGONA ST PENSACOLA FL 32502	45-5211853		10,625				FOO FOO FESTIVAL
(9)	PENSACOLA OPERA 75 S TARRAGONA ST PENSACOLA FL 32502	59-2387417		55,463				FOO FOO FESTIVAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2020)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization ART, CULTURE, AND ENTERTAINMENT, INC.

Employer identification number 27-1396429

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Row 1: PENSACOLA QUILTERS' GUILD, 3300 W SCOTT ST #7A, PENSACOLA FL 32524, EIN 59-3161839, 10,000, FOO FOO FESTIVAL.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 THE ORGANIZATION DISBURSES GRANTS TO OTHER NON-PROFIT ORGANIZATIONS WHO  
 SPECIALIZE IN ART, CULTURE, AND ENTERTAINMENT. THESE GRANTS ARE TO BE USED  
 FOR THE OPERATIONS OF THESE ORGANIZATIONS. THEREFORE, ADDITIONAL MONITORING  
 IS NOT NECESSARY.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization ART, CULTURE, AND ENTERTAINMENT, INC.	Employer identification number 27-1396429
----------------------------------------------------------------------	----------------------------------------------

FORM 990 - ORGANIZATION'S MISSION

RECEIVES STATE, COUNTY, CITY, AND PERSONAL FUNDS TO DISPERSE THROUGH AN  
EQUITABLE GRANTING PROCESS TO ARTS, CULTURE, AND ENTERTAINMENT  
ORGANIZATIONS

THROUGHOUT ESCAMBIA COUNTY, FL.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY TREASURER BEFORE FILED

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning 10/01/20 , ending 09/30/21		

Name: ART, CULTURE, AND ENTERTAINMENT, INC. Taxpayer Identification Number: 27-1396429

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	10,000	7,000	-3,000
	2. Membership dues and assessments			
	3. Government contributions and grants	551,699	1,077,275	525,576
	4. Program service revenue			
	5. Investment income	102	8	-94
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>561,801</b>	<b>1,084,283</b>	<b>522,482</b>
<b>Expenses</b>	13. Grants and similar amounts paid	500,000	660,471	160,471
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits			
	17. Professional fundraising fees			
	18. Other professional fees	5,490	4,500	-990
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	2,000	1,667	-333
	21. Other expenses	21,851	419,312	397,461
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>529,341</b>	<b>1,085,950</b>	<b>556,609</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>32,460</b>	<b>-1,667</b>	<b>-34,127</b>
<b>Other Information</b>	24. Total exempt revenue	561,801	1,084,283	522,482
	25. Total unrelated revenue			
	26. Total excludable revenue	102	8	-94
	27. Total assets	77,763	146,996	69,233
	28. Total liabilities	1,685	72,585	70,900
	29. Retained earnings	76,078	74,411	-1,667
	30. Number of voting members of governing body	15	15	
	31. Number of independent voting members of governing body	15	15	
32. Number of employees	0	0		
33. Number of volunteers	15	15		

Form <b>990</b>	<b>Tax Return History</b>	<b>2020</b>
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Name	ART, CULTURE, AND ENTERTAINMENT, INC.	Employer Identification Number 27-1396429
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants .....				561,699	1,084,275	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....				102	8	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....				561,801	1,084,283	
Grants and similar amounts paid .....				500,000	660,471	
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....						
Professional fees .....				5,490	4,500	
Occupancy costs .....						
Depreciation and depletion .....				2,000	1,667	
Other expenses .....				21,851	419,312	
<b>Total expenses</b> .....				529,341	1,085,950	
<b>Excess or (Deficit)</b> .....				32,460	-1,667	
<b>Total exempt revenue</b> .....				561,801	1,084,283	
<b>Total unrelated revenue</b> .....						
<b>Total excludable revenue</b> .....				102	8	
<b>Total Assets</b> .....				77,763	146,996	
<b>Total Liabilities</b> .....				1,685	72,585	
<b>Net Fund Balances</b> .....				76,078	74,411	

**Schedule A, Part II, Line 1(e)**

Description	Amount
VISIT PENSACOL	\$ 944,576
CITY OF PENSACOLA	125,000
STATE OF FLORIDA	7,699
OTHER	7,000
TOTAL	<u>\$ 1,084,275</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
TAX-EXEMPT INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 8
TOTAL	<u>\$ 8</u>

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20**

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

**C** Name of organization: **ART, CULTURE, AND ENTERTAINMENT, INC.**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **801 W ROMANA STREET, SUITE A**  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **PENSACOLA FL 32502**

**D** Employer identification number: **27-1396429**

**E** Telephone number: **850-293-4822**

**F** Name and address of principal officer:  
**MATT DAVIS**  
**101 PALAFOX PLACE #988**  
**PENSACOLA FL 32591**

**G** Gross receipts\$ **561,801**

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

**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **2009** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RECEIVES STATE, COUNTY, CITY, AND PERSONAL FUNDS TO DISPERSE THROUGH AN EQUITABLE GRANTING PROCESS TO ARTS, CULTURE, AND ENTERTAINMENT ORGANIZATIONS THROUGHOUT ESCAMBIA COUNTY, FL</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,531,417</b>	<b>561,699</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,158</b>	<b>102</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,532,575</b>	<b>561,801</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>881,396</b>	<b>500,000</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>637,798</b>	<b>29,341</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,519,194</b>	<b>529,341</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>13,381</b>	<b>32,460</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>45,303</b>	<b>77,763</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,685</b>	<b>1,685</b>
		<b>43,618</b>	<b>76,078</b>

**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: **MATT DAVIS** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

**Paid Preparer Use Only**

Print/Type preparer's name: **JOSHUA C. DURST** Preparer's signature: **JOSHUA C. DURST** Date: **02/25/21** Check  if self-employed PTIN: **P00436839**

Firm's name ▶ **DURST JORDAN CPA PA** Firm's EIN ▶ **45-0529207**  
 Firm's address ▶ **4459-B HIGHWAY 90 MILTON, 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 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 \$ **500,000** including grants of \$ **500,000** ) (Revenue \$ )

**RECEIVED, ACCOUNTED FOR, AND DISBURSED GRANTS TO QUALIFIED ORGANIZATIONS PROVIDING ART AND CULTURE PROGRAMS AND ACTIVITIES AND THE GENERAL PUBLIC THROUGHOUT ESCAMBIA COUNTY, FL.**

**4b** (Code: ) (Expenses \$ **20,400** including grants of \$ ) (Revenue \$ )

**CULTURAL TOURISM - WHICH INCLUDES (1) AN 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; AND (2) A MARKETING CAMPAIGN TITLED "VACATION ARTFULLY" DESIGNED TO PROMOTE TOURISM IN THE REGION.**

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

**N/A**

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **520,400**

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		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>		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>		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>		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>		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>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>		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>		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>		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>		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>		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>		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>	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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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>		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>		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> (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? <i>If "Yes," complete Schedule G, Part II</i>		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>		X
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	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>0</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</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)?	<b>4a</b>	<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

 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 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	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) LIKO CRUMP	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) MATT DAVIS	5.00									
TREASURER	0.00	X		X			0	0	0	
(4) DEAN FOSTER	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) MARIA V GOLDBERG	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) RICK HARPER	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) MATTHEW HOFFMAN	2.00									
PRESIDENT ELECT	0.00	X		X			0	0	0	
(8) LISA IHNS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) HOLLY JURNOVOY	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(10) THERESE MCKENZIE	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) MARGIE MOORE	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 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) <b>BOB SCHUSTER</b>	1.00									
SECRETARY	0.00	X		X			0	0	0	
(13) <b>LORI STOREY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>CAROL TANKSLEY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>SCOTT WARREN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....		X
<b>5</b> 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> .....		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	551,699				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,000				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f		561,699				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		102	102			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		561,801	102	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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	500,000	500,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	5,490		5,490	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	20,400	20,400		
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,000		2,000	
<b>23</b> Insurance	1,451		1,451	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	529,341	520,400	8,941	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>18,905</b>	<b>1</b>	<b>44,672</b>
	<b>2</b> Savings and temporary cash investments	<b>21,280</b>	<b>2</b>	<b>21,382</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	<b>10,042</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>1,451</b>	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	<b>3,667</b>	<b>14</b>	<b>1,667</b>
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>45,303</b>	<b>16</b>	<b>77,763</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable	<b>1,685</b>	<b>18</b>	<b>1,685</b>
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,685</b>	<b>26</b>	<b>1,685</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>17,351</b>	<b>27</b>	<b>18,512</b>
	<b>28</b> Net assets with donor restrictions	<b>26,267</b>	<b>28</b>	<b>57,566</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>43,618</b>	<b>32</b>	<b>76,078</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>45,303</b>	<b>33</b>	<b>77,763</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>561,801</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>529,341</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>32,460</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>43,618</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>76,078</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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 on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>ART, CULTURE, AND ENTERTAINMENT, INC.</b>	Employer identification number <b>27-1396429</b>
--------------------------------------------------------------------------	-----------------------------------------------------

**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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2019

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,281,631	1,242,498	1,514,520	1,531,417	561,699	6,131,765
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,281,631	1,242,498	1,514,520	1,531,417	561,699	6,131,765
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						6,131,765

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	1,281,631	1,242,498	1,514,520	1,531,417	561,699	6,131,765
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79	67	136	1,158	102	1,542
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						6,133,307
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	102

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.97%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	99.97%

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2019 from Section C, line 6			
<b>10</b>	Line 8 amount divided by line 9 amount			
<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b>	Distributable amount for 2019 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2019			
<b>a</b>	From 2014 .....			
<b>b</b>	From 2015 .....			
<b>c</b>	From 2016 .....			
<b>d</b>	From 2017 .....			
<b>e</b>	From 2018 .....			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2019 distributable amount			
<b>i</b>	Carryover from 2014 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2019 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2019 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2015 .....			
<b>b</b>	Excess from 2016 .....			
<b>c</b>	Excess from 2017 .....			
<b>d</b>	Excess from 2018 .....			
<b>e</b>	Excess from 2019 .....			



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

OMB No. 1545-0047

**2019**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**ART, CULTURE, AND ENTERTAINMENT,  
INC.**

Employer identification number

**27-1396429**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2019)

Name of organization

**ART, CULTURE, AND ENTERTAINMENT,**

Employer identification number

**27-1396429**

**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	VISIT PENSACOLA 1401 E GREGORY STREET PENSACOLA FL 32502	\$ 420,400	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	\$ 125,000	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.)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ART, CULTURE, AND ENTERTAINMENT, INC.

Employer identification number

27-1396429

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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 make 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 program
- 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
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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** Term endowment ▶ ..... %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations .....	<b>3a(i)</b>	
<b>(ii)</b> Related organizations .....	<b>3a(ii)</b>	

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> 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" 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**
Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.Name of the organization **ART, CULTURE, AND ENTERTAINMENT,  
INC.**Employer identification number  
**27-1396429**
**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)	BALLET OF PENSACOLA 400 S JEFFERSON ST PENSACOLA FL 32502	59-1834099		58,282				OPERATIONS
(2)	CHORAL SOCIETY OF PENSACOLA 1000 COLLEGE BLVD, RM 803 PENSACOLA FL 32504	23-7067468		9,646				OPERATIONS
(3)	FIESTA OF THE FICE FLAGS ASSOCIATIO 2121 WEST INTENDENCIA ST PENSACOLA FL 32502	59-0607987		61,750				OPERATIONS
(4)	FIRST CITY ARTS CENTER 1060 NORTH GULLIEMARD ST PENSACOLA FL 32501	59-2782730		60,429				OPERATIONS
(5)	JAZZ SOCEITY OF PENSACOLA 17 SOUTH PALAFOX ST PENSACOLA FL 32502	59-2528174		17,610				OPERATIONS
(6)	PENSACOLA CHILDRENS CHORUS 46 E CHASE ST PENSACOLA FL 32502	59-3228889		60,264				OPERATIONS
(7)	PENSACOLA LITTLE THEATER 400 S JEFFERSON ST PENSACOLA FL 32502	59-0906711		64,226				OPERATIONS
(8)	PENSACOLA MESS HALL 116 N TARRAGONA ST PENSACOLA FL 32502	45-5211853		40,332				OPERATIONS
(9)	PENSACOLA OPERA 75 S TARRAGONA ST PENSACOLA FL 32502	59-2387417		63,236				OPERATIONS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10
- 3 Enter total number of other organizations listed in the line 1 table ▶ 10

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **ART, CULTURE, AND ENTERTAINMENT,  
INC.**

Employer identification number  
**27-1396429**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)	<b>PENSACOLA SYMPHONY ORCHESTRA 205 E ZARRAGOZA ST PENSACOLA FL 32502</b>	<b>51-0196351</b>		<b>64,225</b>				<b>OPERATIONS</b>
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

**Schedule I (Form 990) (2019)**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 THE ORGANIZATION DISBURSES GRANTS TO OTHER NON-PROFIT ORGANIZATIONS WHO  
 SPECIALIZE IN ART, CULTURE, AND ENTERTAINMENT. THESE GRANTS ARE TO BE USED  
 FOR THE OPERATIONS OF THESE ORGANIZATIONS. THEREFORE, ADDITIONAL MONITORING  
 IS NOT NECESSARY.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization <b>ART, CULTURE, AND ENTERTAINMENT, INC.</b>	Employer identification number <b>27-1396429</b>
------------------------------------------------------------------------------	-----------------------------------------------------

**FORM 990 - ORGANIZATION'S MISSION**

**RECEIVES STATE, COUNTY, CITY, AND PERSONAL FUNDS TO DISPERSE THROUGH AN  
EQUITABLE GRANTING PROCESS TO ARTS, CULTURE, AND ENTERTAINMENT  
ORGANIZATIONS**

**THROUGHOUT ESCAMBIA COUNTY, FL.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**FORM 990 IS MADE AVAILABLE FOR REVIEW AT BOARD MEETINGS**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**UPON REQUEST**

**ART, CULTURE AND  
ENTERTAINMENT, INC.**

AUDITED FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2021 AND 2020

DURST JORDAN, CPA, PA

## TABLE OF CONTENTS

	PAGE
Independent Auditor's Report	1
<b>Financial Statements:</b>	
Statements of Net Assets and Liabilities	3
Statements of Changes in Net Assets	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7
<b>Supplementary Information:</b>	
Summary of Cash Receipts and Disbursements	11



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Pace, Florida 32571  
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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Art, Culture and Entertainment, Inc.

### Opinion

We have audited the accompanying financial statements of Art, Culture and Entertainment, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2021 and 2020, and the related statements of changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Art, Culture and Entertainment, Inc. as of September 30, 2021 and 2020, 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.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Art, Culture and Entertainment, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### 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, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Art, Culture and Entertainment, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional

omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

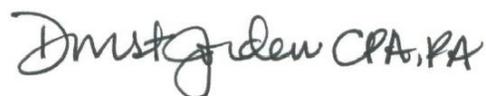
In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Art, Culture and Entertainment, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Art, Culture and Entertainment, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### **Report on Supplementary Information**

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 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 basic financial statements. The 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.



Pace, FL  
March 17, 2022

**Art, Culture and Entertainment, Inc.**  
**Statements of Net Assets and Liabilities**  
**As of September 30, 2021 and 2020**

**ASSETS**

	<b>2021</b>	<b>2020</b>
<b>Current Assets</b>		
Cash - unrestricted	\$ -	\$ 6,803
Cash - restricted	58,220	59,251
Total cash	58,220	66,054
Accounts receivable	88,776	10,042
Total current assets	146,996	76,096
<b>Non-current Assets</b>		
Website design, net of amortization of \$6,000 and \$4,333	-	1,667
Total non-current assets	-	1,667
<b>Total Assets</b>	<b>\$ 146,996</b>	<b>\$ 77,763</b>

**LIABILITIES AND NET ASSETS**

<b>Current Liabilities</b>		
Program services payable	\$ 1,685	\$ 1,685
Checks written in excess of cash	70,900	-
Total current liabilities	72,585	1,685
<b>Total Liabilities</b>	72,585	1,685
<b>Net Assets</b>		
Net assets without donor restrictions	17,876	18,512
Net assets with donor restrictions	56,535	57,566
<b>Total Net Assets</b>	74,411	76,078
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 146,996</b>	<b>\$ 77,763</b>

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, 2021 and 2020

	<b>2021</b>			<b>2020</b>
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>	
<b>Contributions</b>				
Public funding - grants	\$ -	\$ 1,077,275	\$ 1,077,275	\$ 551,699
Private funding	7,000	-	7,000	10,000
Net assets released from restrictions	1,078,306	(1,078,306)	-	-
Total contributions	<u>1,085,306</u>	<u>(1,031)</u>	<u>1,084,275</u>	<u>561,699</u>
<b>Expenses</b>				
Awards and grants	410,000	-	410,000	500,000
Cultural tourism expenses	668,306	-	668,306	20,400
General and administrative expenses	7,644	-	7,644	8,941
Total expenses	<u>1,085,950</u>	<u>-</u>	<u>1,085,950</u>	<u>529,341</u>
<b>Net Contributions (Expenses)</b>	(644)	(1,031)	(1,675)	32,358
<b>Other Income</b>				
Interest income	8	-	8	102
Total other income	<u>8</u>	<u>-</u>	<u>8</u>	<u>102</u>
<b>Change in Net Assets</b>	(636)	(1,031)	(1,667)	32,460
<b>Net Assets - Beginning of Period</b>	<u>18,512</u>	<u>57,566</u>	<u>76,078</u>	<u>43,618</u>
<b>Net Assets - End of Period</b>	<u>\$ 17,876</u>	<u>\$ 56,535</u>	<u>\$ 74,411</u>	<u>\$ 76,078</u>

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

**Art, Culture and Entertainment, Inc.**  
**Statements of Functional Expenses**  
For the years ended September 30, 2021 and 2020

	<b>Program Services</b>			<b>Supporting Services</b>	<b>Total Expenses</b>
	Awards and Grants	Cultural Tourism	Total Program Services	General and Administrative	<b>2021</b>
Advertising and marketing	\$ -	\$ 367,067	\$ 367,067	\$ -	\$ 367,067
Bank service charges	-	-	-	26	26
Amortization of website	-	-	-	1,667	1,667
Audit and tax fees	-	-	-	4,500	4,500
Awards and grants	410,000	-	410,000	-	410,000
Festival grant program	-	250,471	250,471	-	250,471
Insurance	-	768	768	1,451	2,219
Public relations	-	50,000	50,000	-	50,000
	<u>\$ 410,000</u>	<u>\$ 668,306</u>	<u>\$ 1,078,306</u>	<u>\$ 7,644</u>	<u>\$ 1,085,950</u>
	Awards and Grants	Cultural Tourism	Total Program Services	General and Administrative	<b>2020</b>
Advertising and marketing	\$ -	\$ 20,400	\$ 20,400	\$ -	\$ 20,400
Amortization of website	-	-	-	2,000	2,000
Audit and tax fees	-	-	-	5,490	5,490
Awards and grants	500,000	-	500,000	-	500,000
Insurance	-	-	-	1,451	1,451
	<u>\$ 500,000</u>	<u>\$ 20,400</u>	<u>\$ 520,400</u>	<u>\$ 8,941</u>	<u>\$ 529,341</u>

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

**Art, Culture and Entertainment, Inc.**  
 Statements of Cash Flows  
 For the years ended September 30, 2021 and 2020

	<b>2021</b>	<b>2020</b>
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ (1,667)	\$ 32,460
Adjustments to reconcile change in net assets to net cash from operating activities:		
Amortization of website	1,667	2,000
Changes in operating assets and liabilities:		
Accounts receivable	(78,734)	(10,042)
Prepaid expenses	-	1,451
Program services payable	-	-
Net cash from operating activities	(78,734)	25,869
 <b>Cash Flows from Financing Activities</b>		
Checks written in excess of cash	70,900	-
Net cash from financing activities	70,900	-
 <b>Net Change in Cash</b>	(7,834)	25,869
<b>Cash - Beginning of Period</b>	66,054	40,185
<b>Cash - End of Period</b>	\$ 58,220	\$ 66,054

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

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2021 and 2020

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

A. Organization and Purpose

Art, Culture and Entertainment, Inc. (ACE), is a non-profit organization 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.

B. Basis of Accounting and Presentation

The accompanying financial statements of Art, Culture and Entertainment, Inc. have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. Under ASC 958, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. A description of the net asset categories are as follows:

Net assets without donor restrictions – The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors. Board-designated net assets may be earmarked for future programs, investments, contingencies, purchases or construction of fixed assets, or other uses. Some governing boards may delegate decisions to internal management. Such designations are considered to be included in board-designated net assets.

Net assets with donor restrictions - The part of net assets of a not-for-profit that is subject to donor-imposed restrictions (donors include other types of contributors, including makers of certain grants). Some donors impose restrictions that are temporary in nature or purpose restricted. Other donors impose restrictions that are perpetual in nature that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Purpose restricted net assets are deemed to be restricted for the donor-specified purpose by explicit donor stipulation. In addition, investment returns from net assets that are perpetual in nature or purpose restricted are classified as net assets with donor restrictions until appropriated for expenditure. Once appropriated, purpose restricted assets are released to net assets without donor restrictions. The Organization did not have any restricted net assets that were perpetual in nature for the years presented.

C. Cash and Cash Equivalents

Cash and cash equivalents consist of short-term, highly liquid investments which are readily convertible into cash within ninety (90) days of purchase. Carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2021 and 2020

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

D. 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.

E. Contributions

Contributions are recognized in the period received or pledged unconditionally. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for a specific purpose or time period are reported as with donor restrictions. Amounts required to be maintained in perpetuity by the donor are reported as with donor restrictions and disclosed as perpetual. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is satisfied. When a restriction expires, donor restricted net assets are reclassified to net assets without donor restrictions and are reported in the Statement of Activities as net assets released from restrictions.

F. Accounting for Capital Assets

Capital assets are 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 and/or amortization will be provided over the estimated useful lives using the straight-line method. The estimated useful lives are as follows:

Computer Programs/Website Design	3 – 5 years
Furniture & Fixtures	5 – 7 years
Office Equipment	5 – 7 years

G. 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 because these services did not create or enhance a nonfinancial asset nor did they require specialized skills that would need to be purchased if not donated.

H. Advertising and Marketing Costs

Advertising and marketing costs are expensed as incurred. Advertising and marketing expense amounted to \$367,067 and \$20,400 for the years ended September 30, 2021 and 2020, respectively.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2021 and 2020

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

I. Income Taxes

The Organization is exempt from payment of income taxes under Section 501(c)(3) of the Internal Revenue Code as a nonprofit organization. Therefore, no provision for income taxes has been made in the accompanying financial statements. The Organization is required to file a Form 990 to the Internal Revenue Service.

J. Use of 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.

K. Subsequent Events

ACE has evaluated events and transactions that occurred between September 30, 2021 and March 17, 2022, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

L. Functional Expense Allocation

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Changes in Net Assets. Expenses directly related to a program or supporting services are charged to that program or supporting service.

M. Recent Accounting Pronouncements

*Revenue recognition:* On October 1, 2020, the Organization adopted ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is effective for annual reporting periods beginning after December 15, 2019. The new revenue recognition guidance requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which the Company expects to be entitled in exchange for those goods or services. The guidance requires an entity to follow a five-step model to (a) identify the contract(s) with a customer, (b) identify the performance obligations in the contract, (c) determine the transaction price, (d) allocate the transaction price to the performance obligations in the contract, and (e) recognize revenue when (or as) the entity satisfies a performance obligation.

**NOTE 2 – CASH**

At September 30, 2021 and 2020, ACE held deposits in the bank of \$399,057 and \$66,053 (before outstanding checks and deposits in transit). However, several checks were written on September 30, 2021 that were held until October and November 2021 resulting in negative cash. Checks written in excess of cash totaled \$70,900.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2021 and 2020

**NOTE 2 – CASH (CONTINUED)**

Cash is restricted for the following purposes as of September 30, 2021:

Private donor contributions for cultural tourism	\$ 23,594
City of Pensacola for cultural tourism marketing	25,000
Visit Pensacola for cultural marketing and events	1,270
State license plate fund	6,671
Returned Foo Foo grant funds	1,685
Restricted cash	<u>\$ 58,220</u>

**NOTE 3 – CONCENTRATIONS**

ACE received approximately 99% and 98% of its funding from public funds for the years ended September 30, 2021 and 2020, respectively. 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, 2022. There is no significant doubt about the entity’s ability to continue as a going concern for the immediate fiscal year.

**NOTE 4 – DONOR RESTRICTED NET ASSETS**

Net assets with donor restrictions as of September 30, 2021 and 2020 are as follows:

	<b>2021</b>	<b>2020</b>
Cultural tourism marketing	\$ 49,864	\$ 48,594
State license plate fund	6,671	8,972
Net assets with donor restrictions	<u>\$ 56,535</u>	<u>\$ 57,566</u>

ACE received \$7,699 for the year ended September 30, 2021 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 1 (A) above. ACE distributed \$10,000 in state funds for the fiscal year. The amount that remains restricted under this program totaled \$6,671 and \$8,972 at September 30, 2021 and 2020, respectively.

**NOTE 5 – AVAILABILITY OF FINANCIAL ASSETS**

As of September 30, 2021, the Organization had no unrestricted cash. Checks of \$70,900 were written in excess of cash. Financial assets available for general use within one year of the balance sheet date totaled \$76,096.

As part of the Organization’s liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

**SUPPLEMENTARY INFORMATION**

**Art, Culture and Entertainment, Inc.**  
 Summary of Cash Receipts and Disbursements  
 For the years ended September 30, 2021 and 2020

	<b>2021</b>	<b>2020</b>
<b>Cash Receipts (Contributions)</b>		
<b>Public Funding</b>		
Visit Pensacola	\$ 855,800	\$ 420,400
City of Pensacola	125,000	125,000
State of Florida	7,699	6,299
Total public funding	988,499	551,699
<b>Private Funding</b>		
Private contributions	7,000	10,000
Total private funding	7,000	10,000
<b>Other Cash Receipts</b>		
Interest from banks	8	102
Total other cash receipts	8	102
<b>Total Cash Receipts</b>	995,507	561,801
<b>Cash Disbursements (Awards and Grants)</b>		
Ballet of Pensacola	41,807	58,282
Choral Society of Pensacola	7,920	9,646
Fiesta of Five Flags	43,110	61,750
First City Arts Center	42,459	60,429
Gallery Night Pensacola	8,388	-
Jazz Society of Pensacola	8,331	17,610
Pensacola Bay Concert Band	5,000	-
Pensacola Children's Chorus	44,135	60,264
Pensacola Lighthouse Association	40,876	-
Pensacola Little Theater	45,811	64,226
Pensacola Mess Hall	29,359	40,332
Pensacola Opera	43,669	63,236
Pensacola Symphony Orchestra	44,135	64,225
Visual Arts Association	5,000	-
Total Awards and Grants	410,000	500,000
<b>Cash Disbursements (FooFoo Festival)</b>		
Festival grant program:		
Friends of Downtown	67,383	-
Legal Services of North Florida, Inc.	15,000	-
Pensacola LGBT Film Festival	9,000	-
Pensacola Little Theatre	83,000	-

(Continued on next page)

See Independent Auditor's Report on Supplementary Information.

**Art, Culture and Entertainment, Inc.**  
Summary of Cash Receipts and Disbursements  
For the years ended September 30, 2021 and 2020  
(Continued)

	<b>2021</b>	<b>2020</b>
Festival grant program (continued):		
Pensacola Mess Hall	\$ 10,625	\$ -
Pensacola Opera	55,463	-
Pensacola Quilters' Guild	10,000	-
Total Foo Foo grant program	250,471	-
Advertising and marketing	367,067	5,000
Insurance	768	-
Public relations	50,000	-
<b>Total Foo Foo Festival</b>	668,306	5,000
 <b>Cash Disbursements (Vacation Artfully)</b>		
Advertising and marketing	-	15,400
<b>Total Vacation Artfully</b>	-	15,400
 <b>Cash Disbursements (General and Admin.)</b>		
Bank service charges	26	-
Insurance	1,451	-
Professional fees	4,500	5,490
<b>Total General and Administrative</b>	5,977	5,490
<b>Total Cash Disbursements</b>	1,084,283	525,890
 <b>Net Cash Receipts Over Disbursements</b>	\$ (88,776)	\$ 35,911
Accounts receivable	88,776	-
Change in prepaid expenses	-	(1,451)
Amortization of website design	(1,667)	(2,000)
 <b>Change in Net Assets</b>	\$ (1,667)	\$ 32,460

See Independent Auditor's Report on Supplementary Information.

**ART, CULTURE AND  
ENTERTAINMENT, INC.**

AUDITED FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2020 AND 2019

DURST JORDAN, CPA, PA

**ART, CULTURE, AND  
ENTERTAINMENT, INC**

AUDITED FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2019 AND 2018

DURST JORDAN, CPA, PA

## TABLE OF CONTENTS

	PAGE
Independent Auditor's Report	1
<b>Financial Statements:</b>	
Statements of Net Assets and Liabilities	3
Statements of Changes in Net Assets	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7
<b>Supplementary Information:</b>	
Summary of Cash Receipts and Disbursements	12



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## 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 statements of net assets and liabilities as of September 30, 2019 and 2018, and the related statements of changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets and liabilities of Art, Culture and Entertainment, Inc. as of September 30, 2019 and 2018, 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.

## Report on Supplementary Information

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 12 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. The 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*

Durst Jordan, CPA, PA  
February 14, 2020



**Art, Culture and Entertainment, Inc.**  
**Statements of Net Assets and Liabilities**  
**As of September 30, 2019 and 2018**

**Assets**

	<b>2019</b>	<b>2018</b>
<b>Current Assets</b>		
Cash - unrestricted	\$ 12,233	\$ 1,019
Cash - restricted	27,952	23,594
Total cash	40,185	24,613
Prepaid expenses	1,451	1,451
Total current assets	41,636	26,064
<b>Non-current Assets</b>		
Website design, net of amortization of \$2,333 and \$333	3,667	5,667
Total non-current assets	3,667	5,667
<b>Total Assets</b>	<b>\$ 45,303</b>	<b>\$ 31,731</b>

**Liabilities and Net Assets**

<b>Current Liabilities</b>		
Program services payable	\$ 1,685	\$ 1,494
Total current liabilities	1,685	1,494
<b>Total Liabilities</b>	1,685	1,494
<b>Net Assets</b>		
Net assets without donor restrictions	17,351	4,330
Net assets with donor restrictions	26,267	25,907
<b>Total Net Assets</b>	43,618	30,237
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 45,303</b>	<b>\$ 31,731</b>

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, 2019 and 2018

	<b>2019</b>			<b>2018</b>
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>	
<b>Contributions</b>				
Public funding - grants	\$ -	\$ 1,525,917	\$ 1,525,917	\$ 1,505,520
Private funding	5,500	-	5,500	9,000
Net assets released from restrictions	1,525,557	(1,525,557)	-	-
Total contributions	<u>1,531,057</u>	<u>360</u>	<u>1,531,417</u>	<u>1,514,520</u>
<b>Expenses</b>				
Awards and grants	516,156	-	516,156	481,069
Cultural tourism expenses	994,101	-	994,101	1,040,197
General and administrative expenses	8,937	-	8,937	5,962
Total expenses	<u>1,519,194</u>	<u>-</u>	<u>1,519,194</u>	<u>1,527,228</u>
<b>Net Contributions (Expenses)</b>	11,863	360	12,223	(12,708)
<b>Other Income</b>				
Interest income	1,158	-	1,158	136
Total other income	<u>1,158</u>	<u>-</u>	<u>1,158</u>	<u>136</u>
<b>Change in Net Assets</b>	13,021	360	13,381	(12,572)
<b>Net Assets - Beginning of Period</b>	4,330	25,907	30,237	42,809
<b>Net Assets - End of Period</b>	<u>\$ 17,351</u>	<u>\$ 26,267</u>	<u>\$ 43,618</u>	<u>\$ 30,237</u>

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

**Art, Culture and Entertainment, Inc.**  
**Statements of Functional Expenses**  
For the years ended September 30, 2019 and 2018

	<b>Program Services</b>			<b>Supporting Services</b>	<b>Total Expenses</b>	
	<b>Awards and Grants</b>	<b>Cultural Tourism</b>	<b>Total Program Services</b>	<b>General and Administrative</b>	<b>2019</b>	<b>2018</b>
Advertising and marketing	\$ -	\$ 612,392	\$ 612,392	\$ -	\$ 612,392	\$ 687,453
Amortization of website	-	-	-	2,000	2,000	333
Audit and tax fees	-	-	-	5,436	5,436	5,488
Awards and grants	516,156	-	516,156	-	516,156	481,069
Bank service charges	-	-	-	-	-	18
Economic impact study	-	15,000	15,000	-	15,000	30,050
Festival grant program	-	365,240	365,240	-	365,240	303,593
Insurance	-	1,469	1,469	1,451	2,920	1,575
Licenses	-	-	-	50	50	61
Public relations	-	-	-	-	-	17,526
Supplies	-	-	-	-	-	62
	<u>\$ 516,156</u>	<u>\$ 994,101</u>	<u>\$ 1,510,257</u>	<u>\$ 8,937</u>	<u>\$ 1,519,194</u>	<u>\$ 1,527,228</u>

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

**Art, Culture and Entertainment, Inc.**  
 Statements of Cash Flows  
 For the years ended September 30, 2019 and 2018

	<b>2019</b>	<b>2018</b>
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 13,381	\$ (12,572)
Adjustments to reconcile change in net assets to net cash from operating activities:		
Amortization of website	2,000	333
Changes in operating assets and liabilities:		
Prepaid expenses	-	(1,451)
Deferred revenue	-	(104,599)
Tourism payable	-	(47,036)
Program services payable	191	(10,930)
Net cash from operating activities	15,572	(176,255)
<b>Cash Flows from Investing Activities</b>		
Website design	-	(6,000)
Net cash from investing activities	-	(6,000)
<b>Net Change in Cash</b>	15,572	(182,255)
<b>Cash - Beginning of Period</b>	24,613	206,868
<b>Cash - End of Period</b>	\$ 40,185	\$ 24,613

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

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2019 and 2018

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

A. Organization and Purpose

Art, Culture and Entertainment, Inc. (ACE), is a non-profit organization 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.

B. Basis of Accounting and Presentation

The accompanying financial statements of Art, Culture and Entertainment, Inc. have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. Under ASC 958, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. A description of the net asset categories are as follows:

Net assets without donor restrictions – The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors. Board-designated net assets may be earmarked for future programs, investments, contingencies, purchases or construction of fixed assets, or other uses. Some governing boards may delegate decisions to internal management. Such designations are considered to be included in board-designated net assets.

Net assets with donor restrictions - The part of net assets of a not-for-profit that is subject to donor-imposed restrictions (donors include other types of contributors, including makers of certain grants). Some donors impose restrictions that are temporary in nature or purpose restricted. Other donors impose restrictions that are perpetual in nature that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Purpose restricted net assets are deemed to be restricted for the donor-specified purpose by explicit donor stipulation. In addition, investment returns from net assets that are perpetual in nature or purpose restricted are classified as net assets with donor restrictions until appropriated for expenditure. Once appropriated, purpose restricted assets are released to net assets without donor restrictions. The Organization did not have any restricted net assets that were perpetual in nature for the years presented.

C. Cash and Cash Equivalents

Cash and cash equivalents consist of short-term, highly liquid investments which are readily convertible into cash within ninety (90) days of purchase. Carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2019 and 2018

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

D. 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 years ended September 30, 2019 and 2018.

E. Contributions

Contributions are recognized in the period received or pledged unconditionally. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for a specific purpose or time period are reported as with donor restrictions. Amounts required to be maintained in perpetuity by the donor are reported as with donor restrictions and disclosed as perpetual. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is satisfied. When a restriction expires, donor restricted net assets are reclassified to net assets without donor restrictions and are reported in the Statement of Activities as net assets released from restrictions.

F. Accounting for Capital Assets

Capital assets are 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 and/or amortization will be provided over the estimated useful lives using the straight-line method. The estimated useful lives are as follows:

Computer Programs/Website Design	3 – 5 years
Furniture & Fixtures	5 – 7 years
Office Equipment	5 – 7 years

G. 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 because these services did not create or enhance a nonfinancial asset nor did they require specialized skills that would need to be purchased if not donated.

H. Advertising and Marketing Costs

Advertising and marketing costs are expensed as incurred. Advertising and marketing expense amounted to \$612,392 and \$687,453 for the years ended September 30, 2019 and 2018, respectively.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2019 and 2018

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

I. Income Taxes

The Organization is exempt from payment of income taxes under Section 501(c)(3) of the Internal Revenue Code as a nonprofit organization. Therefore, no provision for income taxes has been made in the accompanying financial statements. The Organization is required to file a Form 990 to the Internal Revenue Service.

J. Use of 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.

K. Subsequent Events

ACE has evaluated events and transactions that occurred between September 30, 2019 and February 14, 2020, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

L. Functional Expense Allocation

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Changes in Net Assets. Expenses directly related to a program or supporting services are charged to that program or supporting service.

M. Recent Accounting Pronouncements

*Not-for-profit changes:* In August 2016, the FASB issued ASU 2016-14 to make targeted improvements to the not-for-profit financial reporting model, including changes in how a not-for-profit organization classifies its net assets, as well as the information it presents in financial statements and notes about its liquidity, financial performance, and cash flows. The amendments are effective for the Organization for fiscal years beginning after December 15, 2017. The Organization has implemented the new guidance in these financial statements. Prior year reclassifications were made to conform to current year presentation. There was no effect on the change in net assets.

*Revenue recognition:* In the 2019-2020 fiscal year, the Organization will be required to adopt ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is effective for annual reporting periods beginning after December 15, 2018. The new revenue recognition guidance requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which the Company expects to be entitled in exchange for those goods or services. The guidance requires an entity to follow a five-step model to (a) identify the contract(s) with a customer, (b) identify the performance obligations in the contract, (c) determine the transaction price, (d) allocate the transaction price to the performance obligations in the contract, and (e) recognize revenue when (or as) the entity satisfies a performance obligation. The effects of this change on the Organization's financial statements have not yet been determined.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2019 and 2018

**NOTE 2 – CASH**

At September 30, 2019 and 2018, the banks held deposits of \$124,983 and \$81,017 (before outstanding checks and deposits in transit). ACE held \$21,280 in a money market account and the remaining amounts were held in checking.

Cash is restricted for the following purposes as of September 30, 2019:

Private donor contributions for cultural tourism	\$	23,594
State license plate fund		2,673
Returned Foo Foo grant funds		1,685
Restricted cash	\$	<u>27,952</u>

See net assets with donor restrictions at Note 5 for more information.

**NOTE 3 – NONCASH INVESTING, FINANCING, AND CAPITAL ACTIVITIES**

There were no non-cash investing, financing, or capital activities during the years ended September 30, 2019 and 2018.

**NOTE 4 – CONCENTRATIONS**

ACE received approximately 99% of its funding from public funds for the years ended September 30, 2019 and 2018. 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, 2020. There is no significant doubt about the entity’s ability to continue as a going concern for the immediate fiscal year.

**NOTE 5 – DONOR RESTRICTED NET ASSETS**

Net assets with donor restrictions as of September 30, 2019 and 2018 are as follows:

	<b>2019</b>	<b>2018</b>
Private donor contributions	\$ 23,594	\$ 23,594
State license plate fund	2,673	2,313
Net assets with donor restrictions	<u>\$ 26,267</u>	<u>\$ 25,907</u>

Private donor contributions are considered purpose restricted for cultural tourism by explicit donor stipulation.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2019 and 2018

**NOTE 5 – DONOR RESTRICTED NET ASSETS (CONTINUED)**

ACE received \$6,756 for the year ended September 30, 2019 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 1 (A) above. ACE distributed \$6,396 in state funds for the fiscal year. The amount that remains restricted under this program totaled \$2,673 and \$2,313 at September 30, 2019 and 2018, respectively.

**NOTE 6 – AVAILABILITY OF FINANCIAL ASSETS**

As of September 30, 2019, the Organization's unrestricted cash balance of \$12,233 represents the financial assets available for general use within one year of the balance sheet date.

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

**SUPPLEMENTARY INFORMATION**

**Art, Culture and Entertainment, Inc.**  
 Summary of Cash Receipts and Disbursements  
 For the years ended September 30, 2019 and 2018

	<b>2019</b>	<b>2018</b>
<b>Cash Receipts (Contributions)</b>		
<b>Public Funding</b>		
Visit Pensacola	\$ 1,394,161	\$ 1,270,872
City of Pensacola	125,000	125,000
State of Florida	6,756	6,069
Grants returned	190	-
Total public funding	1,526,107	1,401,941
<b>Private Funding</b>		
Private contributions	5,500	8,000
Total private funding	5,500	8,000
<b>Other Cash Receipts</b>		
Interest from banks	1,158	136
Total other cash receipts	1,158	136
<b>Total Cash Receipts</b>	1,532,765	1,410,077
<b>Cash Disbursements (Awards and Grants)</b>		
Ballet of Pensacola	55,022	51,979
Choral Society of Pensacola	17,785	8,096
DansArtery	-	5,000
Fiesta of Five Flags	56,107	53,156
First City Arts Center	55,189	52,738
Jazz Society of Pensacola	21,735	11,869
Pensacola Bay Concert Band	-	5,000
Pensacola Children's Chorus	55,117	52,359
Pensacola Civic Band	5,000	5,000
Pensacola Community Music School	5,000	-
Pensacola Lighthouse Association	54,211	49,798
Pensacola Little Theater	51,929	53,307
Pensacola Mess Hall	39,363	33,376
Pensacola Opera	47,177	52,833
Pensacola Quilters' Guild	5,000	-
Pensacola Symphony Orchestra	47,521	55,489
Southern Teen Shakespeare	-	2,000
<b>Total Awards and Grants</b>	516,156	492,000

(Continued on next page)

See Independent Auditor's Report on Supplementary Information.

**Art, Culture and Entertainment, Inc.**  
Summary of Cash Receipts and Disbursements  
For the years ended September 30, 2019 and 2018  
(Continued)

	<b>2019</b>	<b>2018</b>
<b>Cash Disbursements (FooFoo Festival)</b>		
Festival grant program:		
African American Heritage Society, Inc.	\$ -	\$ 7,000
Ashton Howard Fine Art, LLC.	-	4,500
Choral Society of Pensacola	10,217	10,000
DIB/Artel Gallery	95,625	-
Eventity, Inc., dba Pensacola EggFest	-	10,000
First City Arts Center	79,398	10,000
Japan America Society	-	10,000
Jazz Society of Pensacola	35,000	10,000
Lamplighters, Inc.	98,500	10,000
Legal Services of North Florida, Inc.	10,000	10,000
Pensacola Bay Concert Band	-	5,000
Pensacola Civic Band	-	19,700
Pensacola Little Theatre	16,500	10,000
Pensacola Mess Hall	-	8,415
Pensacola Opera	-	10,000
Pensacola State College	-	8,500
Pensacola Symphony Orchestra	20,000	20,000
Stamped Film Festival	-	10,000
Sunday's Child	-	3,358
The Frank Brown Intl. Foundation for Music	-	10,000
Truth for Youth	-	10,000
University of West Florida Historic Trust	-	97,120
West Florida Literary Federation	-	10,000
Total Foo Foo grant program	365,240	303,593
Advertising and marketing	487,879	593,990
Impact study	15,000	30,000
Insurance	1,469	1,575
Public relations	-	14,579
Miscellaneous	-	50
<b>Total Foo Foo Festival</b>	<b>869,588</b>	<b>943,787</b>
 <b>Cash Disbursements (Vacation Artfully)</b>		
Advertising and marketing	124,514	137,904
Public relations	-	4,110
<b>Total Vacation Artfully</b>	<b>124,514</b>	<b>142,014</b>

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See Independent Auditor's Report on Supplementary Information.

**Art, Culture and Entertainment, Inc.**  
 Summary of Cash Receipts and Disbursements  
 For the years ended September 30, 2019 and 2018  
 (Continued)

	<b>2019</b>	<b>2018</b>
<b>Cash Disbursements (General and Admin.)</b>		
Bank service charges	\$ -	\$ 18
Insurance	1,451	2,902
Licenses	48	61
Professional fees	5,436	5,488
Supplies	-	62
Website design	-	6,000
<b>Total General and Administrative</b>	<u>6,935</u>	<u>14,531</u>
<b>Total Cash Disbursements</b>	<u>1,517,193</u>	<u>1,592,332</u>
<b>Net Cash Receipts Over Disbursements</b>	<u>\$ 15,572</u>	<u>\$ (182,255)</u>
Change in prepaid expenses	-	1,451
Change in deferred revenue	-	104,599
Change in tourism payable	-	47,036
Change in program services payable	(191)	10,930
Amortization of website design	<u>(2,000)</u>	<u>5,667</u>
<b>Change in Net Assets</b>	<u>\$ 13,381</u>	<u>\$ (12,572)</u>

See Independent Auditor's Report on Supplementary Information.

## TABLE OF CONTENTS

	PAGE
Independent Auditor's Report	1
<b>Financial Statements:</b>	
Statements of Net Assets and Liabilities	3
Statements of Changes in Net Assets	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7
<b>Supplementary Information:</b>	
Summary of Cash Receipts and Disbursements	12



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## 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 statements of net assets and liabilities as of September 30, 2020 and 2019, and the related statements of changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets and liabilities of Art, Culture and Entertainment, Inc. as of September 30, 2020 and 2019, 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.

## Report on Supplementary Information

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 12 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. The 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*

Durst Jordan, CPA, PA  
February 23, 2021



**Art, Culture and Entertainment, Inc.**  
**Statements of Net Assets and Liabilities**  
As of September 30, 2020 and 2019

**ASSETS**

	<b>2020</b>	<b>2019</b>
<b>Current Assets</b>		
Cash - unrestricted	\$ 6,803	\$ 12,233
Cash - restricted	59,251	27,952
Total cash	66,054	40,185
Accounts receivable	10,042	-
Prepaid expenses	-	1,451
Total current assets	76,096	41,636
<b>Non-current Assets</b>		
Website design, net of amortization of \$2,000 and \$2,333	1,667	3,667
Total non-current assets	1,667	3,667
<b>Total Assets</b>	\$ 77,763	\$ 45,303

**LIABILITIES AND NET ASSETS**

<b>Current Liabilities</b>		
Program services payable	\$ 1,685	\$ 1,685
Total current liabilities	1,685	1,685
<b>Total Liabilities</b>	1,685	1,685
<b>Net Assets</b>		
Net assets without donor restrictions	18,512	17,351
Net assets with donor restrictions	57,566	26,267
<b>Total Net Assets</b>	76,078	43,618
<b>Total Liabilities &amp; Net Assets</b>	\$ 77,763	\$ 45,303

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, 2020 and 2019

	<b>2020</b>			<b>2019</b>
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>	
<b>Contributions</b>				
Public funding - grants	\$ -	\$ 551,699	\$ 551,699	\$ 1,525,917
Private funding	10,000	-	10,000	5,500
Net assets released from restrictions	520,400	(520,400)	-	-
Total contributions	<u>530,400</u>	<u>31,299</u>	<u>561,699</u>	<u>1,531,417</u>
<b>Expenses</b>				
Awards and grants	500,000	-	500,000	516,156
Cultural tourism expenses	20,400	-	20,400	994,101
General and administrative expenses	8,941	-	8,941	8,937
Total expenses	<u>529,341</u>	<u>-</u>	<u>529,341</u>	<u>1,519,194</u>
<b>Net Contributions (Expenses)</b>	1,059	31,299	32,358	12,223
<b>Other Income</b>				
Interest income	102	-	102	1,158
Total other income	<u>102</u>	<u>-</u>	<u>102</u>	<u>1,158</u>
<b>Change in Net Assets</b>	1,161	31,299	32,460	13,381
<b>Net Assets - Beginning of Period</b>	<u>17,351</u>	<u>26,267</u>	<u>43,618</u>	<u>30,237</u>
<b>Net Assets - End of Period</b>	<u>\$ 18,512</u>	<u>\$ 57,566</u>	<u>\$ 76,078</u>	<u>\$ 43,618</u>

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

**Art, Culture and Entertainment, Inc.**  
**Statements of Functional Expenses**  
For the years ended September 30, 2020 and 2019

	<b>Program Services</b>			<b>Supporting Services</b>	<b>Total Expenses</b>
	Awards and Grants	Cultural Tourism	Total Program Services	General and Administrative	<b>2020</b>
Advertising and marketing	\$ -	\$ 20,400	\$ 20,400	\$ -	\$ 20,400
Amortization of website	-	-	-	2,000	2,000
Audit and tax fees	-	-	-	5,490	5,490
Awards and grants	500,000	-	500,000	-	500,000
Insurance	-	-	-	1,451	1,451
	<u>\$ 500,000</u>	<u>\$ 20,400</u>	<u>\$ 520,400</u>	<u>\$ 8,941</u>	<u>\$ 529,341</u>
	Awards and Grants	Cultural Tourism	Total Program Services	General and Administrative	<b>2019</b>
Advertising and marketing	\$ -	\$ 612,392	\$ 612,392	\$ -	\$ 612,392
Amortization of website	-	-	-	2,000	2,000
Audit and tax fees	-	-	-	5,436	5,436
Awards and grants	516,156	-	516,156	-	516,156
Economic impact study	-	15,000	15,000	-	15,000
Festival grant program	-	365,240	365,240	-	365,240
Insurance	-	1,469	1,469	1,451	2,920
Licenses	-	-	-	50	50
	<u>\$ 516,156</u>	<u>\$ 994,101</u>	<u>\$ 1,510,257</u>	<u>\$ 8,937</u>	<u>\$ 1,519,194</u>

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

**Art, Culture and Entertainment, Inc.**  
**Statements of Cash Flows**  
For the years ended September 30, 2020 and 2019

	<b>2020</b>	<b>2019</b>
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 32,460	\$ 13,381
Adjustments to reconcile change in net assets to net cash from operating activities:		
Amortization of website	2,000	2,000
Changes in operating assets and liabilities:		
Accounts receivable	(10,042)	-
Prepaid expenses	1,451	-
Program services payable	-	191
Net cash from operating activities	25,869	15,572
<b>Net Change in Cash</b>	25,869	15,572
<b>Cash - Beginning of Period</b>	40,185	24,613
<b>Cash - End of Period</b>	\$ 66,054	\$ 40,185

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

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2020 and 2019

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

A. Organization and Purpose

Art, Culture and Entertainment, Inc. (ACE), is a non-profit organization 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.

B. Basis of Accounting and Presentation

The accompanying financial statements of Art, Culture and Entertainment, Inc. have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. Under ASC 958, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. A description of the net asset categories are as follows:

Net assets without donor restrictions – The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors. Board-designated net assets may be earmarked for future programs, investments, contingencies, purchases or construction of fixed assets, or other uses. Some governing boards may delegate decisions to internal management. Such designations are considered to be included in board-designated net assets.

Net assets with donor restrictions - The part of net assets of a not-for-profit that is subject to donor-imposed restrictions (donors include other types of contributors, including makers of certain grants). Some donors impose restrictions that are temporary in nature or purpose restricted. Other donors impose restrictions that are perpetual in nature that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Purpose restricted net assets are deemed to be restricted for the donor-specified purpose by explicit donor stipulation. In addition, investment returns from net assets that are perpetual in nature or purpose restricted are classified as net assets with donor restrictions until appropriated for expenditure. Once appropriated, purpose restricted assets are released to net assets without donor restrictions. The Organization did not have any restricted net assets that were perpetual in nature for the years presented.

C. Cash and Cash Equivalents

Cash and cash equivalents consist of short-term, highly liquid investments which are readily convertible into cash within ninety (90) days of purchase. Carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2020 and 2019

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

D. 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 years ended September 30, 2020 and 2019.

E. Contributions

Contributions are recognized in the period received or pledged unconditionally. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for a specific purpose or time period are reported as with donor restrictions. Amounts required to be maintained in perpetuity by the donor are reported as with donor restrictions and disclosed as perpetual. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is satisfied. When a restriction expires, donor restricted net assets are reclassified to net assets without donor restrictions and are reported in the Statement of Activities as net assets released from restrictions.

F. Accounting for Capital Assets

Capital assets are 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 and/or amortization will be provided over the estimated useful lives using the straight-line method. The estimated useful lives are as follows:

Computer Programs/Website Design	3 – 5 years
Furniture & Fixtures	5 – 7 years
Office Equipment	5 – 7 years

G. 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 because these services did not create or enhance a nonfinancial asset nor did they require specialized skills that would need to be purchased if not donated.

H. Advertising and Marketing Costs

Advertising and marketing costs are expensed as incurred. Advertising and marketing expense amounted to \$20,400 and \$612,392 for the years ended September 30, 2020 and 2019, respectively.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2020 and 2019

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

I. Income Taxes

The Organization is exempt from payment of income taxes under Section 501(c)(3) of the Internal Revenue Code as a nonprofit organization. Therefore, no provision for income taxes has been made in the accompanying financial statements. The Organization is required to file a Form 990 to the Internal Revenue Service.

J. Use of 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.

K. Subsequent Events

ACE has evaluated events and transactions that occurred between September 30, 2020 and February 23, 2021, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

L. Functional Expense Allocation

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Changes in Net Assets. Expenses directly related to a program or supporting services are charged to that program or supporting service.

M. Recent Accounting Pronouncements

*Revenue recognition:* In the next fiscal year, the Organization will be required to adopt ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is effective for annual reporting periods beginning after December 15, 2019. The new revenue recognition guidance requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which the Company expects to be entitled in exchange for those goods or services. The guidance requires an entity to follow a five-step model to (a) identify the contract(s) with a customer, (b) identify the performance obligations in the contract, (c) determine the transaction price, (d) allocate the transaction price to the performance obligations in the contract, and (e) recognize revenue when (or as) the entity satisfies a performance obligation. The Organization will adopt ASU 2014-09 on October 1, 2020.

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2020 and 2019

**NOTE 2 – CASH**

At September 30, 2020 and 2019, ACE held deposits in the bank of \$66,053 and \$124,983 (before outstanding checks and deposits in transit). ACE held \$21,382 in a money market account and the remaining amounts were held in checking.

Cash is restricted for the following purposes as of September 30, 2020:

Private donor contributions for cultural tourism	\$	23,594
City of Pensacola for cultural tourism marketing		25,000
State license plate fund		8,972
Returned Foo Foo grant funds		1,685
Restricted cash	\$	<u>59,251</u>

See net assets with donor restrictions at Note 5 for more information.

**NOTE 3 – NONCASH INVESTING, FINANCING, AND CAPITAL ACTIVITIES**

There were no non-cash investing, financing, or capital activities during the years ended September 30, 2020 and 2019.

**NOTE 4 – CONCENTRATIONS**

ACE received approximately 98% and 99% of its funding from public funds for the years ended September 30, 2020 and 2019, respectively. 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, 2021. There is no significant doubt about the entity’s ability to continue as a going concern for the immediate fiscal year.

**NOTE 5 – DONOR RESTRICTED NET ASSETS**

Net assets with donor restrictions as of September 30, 2020 and 2019 are as follows:

	<b>2020</b>	<b>2019</b>
Cultural tourism marketing	\$ 48,594	\$ 23,594
State license plate fund	8,972	2,673
Net assets with donor restrictions	<u>\$ 57,566</u>	<u>\$ 26,267</u>

**Art, Culture and Entertainment, Inc.**  
Notes to the Financial Statements  
For the years ended September 30, 2020 and 2019

**NOTE 5 – DONOR RESTRICTED NET ASSETS (CONTINUED)**

ACE received \$6,299 for the year ended September 30, 2020 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 1 (A) above. ACE distributed \$-0- in state funds for the fiscal year. The amount that remains restricted under this program totaled \$8,972 and \$2,673 at September 30, 2020 and 2019, respectively.

**NOTE 6 – AVAILABILITY OF FINANCIAL ASSETS**

As of September 30, 2020, the Organization's unrestricted cash balance of \$6,803 represents the financial assets available for general use within one year of the balance sheet date.

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

**Art, Culture and Entertainment, Inc.**  
 Summary of Cash Receipts and Disbursements  
 For the years ended September 30, 2020 and 2019

	2020	2019
<b>Cash Receipts (Contributions)</b>		
<b>Public Funding</b>		
Visit Pensacola	\$ 420,400	\$ 1,394,161
City of Pensacola	125,000	125,000
State of Florida	6,299	6,756
Grants returned	-	190
Total public funding	<u>551,699</u>	<u>1,526,107</u>
<b>Private Funding</b>		
Private contributions	<u>10,000</u>	<u>5,500</u>
Total private funding	10,000	5,500
<b>Other Cash Receipts</b>		
Interest from banks	<u>102</u>	<u>1,158</u>
Total other cash receipts	102	1,158
<b>Total Cash Receipts</b>	<u>561,801</u>	<u>1,532,765</u>
<b>Cash Disbursements (Awards and Grants)</b>		
Ballet of Pensacola	58,282	55,022
Choral Society of Pensacola	9,646	17,785
Fiesta of Five Flags	61,750	56,107
First City Arts Center	60,429	55,189
Jazz Society of Pensacola	17,610	21,735
Pensacola Children's Chorus	60,264	55,117
Pensacola Civic Band	-	5,000
Pensacola Community Music School	-	5,000
Pensacola Lighthouse Association	-	54,211
Pensacola Little Theater	64,226	51,929
Pensacola Mess Hall	40,332	39,363
Pensacola Opera	63,236	47,177
Pensacola Quilters' Guild	-	5,000
Pensacola Symphony Orchestra	<u>64,225</u>	<u>47,521</u>
<b>Total Awards and Grants</b>	500,000	516,156

(Continued on next page)

See Independent Auditor's Report on Supplementary Information.

**Art, Culture and Entertainment, Inc.**  
Summary of Cash Receipts and Disbursements  
For the years ended September 30, 2020 and 2019  
(Continued)

	2020	2019
<b>Cash Disbursements (FooFoo Festival)</b>		
Festival grant program:		
Choral Society of Pensacola	\$ -	\$ 10,217
DIB/Artel Gallery	-	95,625
First City Arts Center	-	79,398
Jazz Society of Pensacola	-	35,000
Lamplighters, Inc.	-	98,500
Legal Services of North Florida, Inc.	-	10,000
Pensacola Little Theatre	-	16,500
Pensacola Symphony Orchestra	-	20,000
Total Foo Foo grant program	-	365,240
Advertising and marketing	5,000	487,879
Impact study	-	15,000
Insurance	-	1,469
<b>Total Foo Foo Festival</b>	<b>5,000</b>	<b>869,588</b>
<b>Cash Disbursements (Vacation Artfully)</b>		
Advertising and marketing	15,400	124,514
<b>Total Vacation Artfully</b>	<b>15,400</b>	<b>124,514</b>
<b>Cash Disbursements (General and Admin.)</b>		
Insurance	-	1,451
Licenses	-	48
Professional fees	5,490	5,436
<b>Total General and Administrative</b>	<b>5,490</b>	<b>6,935</b>
<b>Total Cash Disbursements</b>	<b>525,890</b>	<b>1,517,193</b>
<b>Net Cash Receipts Over Disbursements</b>	<b>\$ 35,911</b>	<b>\$ 15,572</b>
Change in prepaid expenses	(1,451)	-
Change in program services payable	-	(191)
Amortization of website design	(2,000)	(2,000)
<b>Change in Net Assets</b>	<b>\$ 32,460</b>	<b>\$ 13,381</b>

See Independent Auditor's Report on Supplementary Information.



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- \_\_\_ Submit a fully completed Agency Funding Request Application
- \_\_\_ Submit a copy of your organization's current W-9
- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Pensacola Sports

Agency Address: 101 W. Main Street, Pensacola, FL 32502

Program Name for which funding is being requested: Sports Tourism

Amount Requested: \$ \$1,202,500 (9.25% of Visit Pensacola's allocation for FY 2023/2024

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 sporting events  
as well as providing event development and marketing support to sporting events  
that attract visitors from outside of our area, generating room nights and  
increasing local tax collections (bed, gas, sales, etc).

How many years has your organization been providing services in the County? 67

How many years has your organization received funding from the County? 28

Explain how receiving funds from the County would have a significant impact on your organization: The funds received from the county are the funding source for the sports  
tourism program of work and mission. The funds support all aspects of the program  
including staffing, marketing, travel, event bidding, and support.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$962,000 for FY 22/23

Briefly discuss how last year's funds were used? Provided sports tourism marketing and development for Escambia County, creating a positive economic benefit for the community. Sports tourism responsibilities included creating, bidding, marketing, and hosting events. Provided event development, marketing, and management services to organizations throughout the county in a variety of sports-related fields.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? 36,587 room nights generated by sporting events created a total direct economic impact of \$35,293,300 in fiscal year 2021-22. Using these figures and based on \$1,059,051 spent by Pensacola Sports for the year, the return to Escambia County is \$33.33 for every dollar spent.

**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? Pensacola Sports will continue to focus on creating and attracting new sporting activities, assisting in facility management, developing marketing management and growth of existing events to increase tourism and generating overnight stays in Escambia County. These efforts create a positive impact to Escambia County residents by generating new, outside dollars to enhance the local economy, job growth and economic development.

Is your program a governmental function or requirement? If a governmental request, please cite regulatory/statutory requirement. Please explain: Pensacola Sports is a part of the tourism promotion effort with Visit Pensacola and ACE, which functions under the unified budget created under the direction of the Tourist Development Council and the Board of County Commissioners.

**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: \_\_\_\_\_

We have partnered with Visit Pensacola and many other organizations to maximize the return on investment for Escambia County and its residents.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. Pensacola Sports has been the sports marketing and tourism agent for Escambia County for over twenty years with a successful record of producing room nights and positive economic impact through sporting events. Pensacola Sports is recognized on the state and national level as a leader in the sports tourism industry. Since April 2017, the president of Pensacola Sports has served on the Sports ETA Board of Directors, the trade association for the sports tourism industry.

**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 40 % *(33% salaries & 7% operations)*
- Percentage for direct programming costs: 60 %

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 5K grant we would have to show a 10K expenditure (2-to-1 match ratio).

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. No

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**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23 <i>Q1 FY23 metrics</i>	% Change <i>FY21 - FY22</i>
1. Increase visitors traveling to Escambia County	33,065	42,689	21,711	29.11 %
2. Increase room nights generated from sporting events	24,804	36,587	17,088	47.5 %
3. Increase direct economic impact generated from sporting events	\$24,962,049	\$35,293,300	\$16,984,315	41.39 %

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Number of visitors traveling to Escambia County for sporting events	52,000
2. Number of room nights generated from sporting events in Escambia County.	45,000
3. The direct economic impact amount generated by sporting events in Escambia County.	45,000,000

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23 <i>Q1 FY23 metrics</i>
1. Number of visitors traveling to Escambia County for sporting events	21,711
2. Number of room nights generated from sporting events in Escambia County.	17,088
3. The direct economic impact amount generated by sporting events in Escambia County.	\$16,984,315

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding/Direct Contribution	\$963,855	\$962,000	\$1,202,500
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)			
Total Income	\$963,855	\$962,000	\$1,202,500

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

\_\_\_\_\_

N/A

\_\_\_\_\_

\_\_\_\_\_

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_\_

\_\_\_\_\_

N/A

\_\_\_\_\_

\_\_\_\_\_

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	6.5	6	7.5
Salaries and Wages	\$308,433.60	\$307,840	\$396,825
Employee Benefits			
Professional Services	\$26,500	\$28,000	\$30,000
Contractual Services			
Travel Expenses	\$28,000	\$34,700	\$38,000
Rentals and Leases	\$3,360	\$3,360	\$4,000
Communication	\$10,000	\$9,000	\$10,000
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion	\$242,313	\$218,500	\$300,000
Fuel			
Supplies	\$5,000	\$5,000	\$6,000
Event Expenses	\$300,000	\$314,181	\$376,000
Capitalizable Assets for County Funding (a)			
Other Expenses (b)	\$40,248.40	\$41,419	\$41,675
Total Expenses	\$963,855	\$962,000	\$1,202,500
Net Income - (Revenue minus Expense)	0	0	0

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

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(b) Please explain any request listed in the "Other Expenses" line item. Other expenses include overhead and utilities.

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**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Fiscal year

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. N/A

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3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? N/A

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4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Ray Palmer	President	\$107,250
Laura McCullers	Director of Operations	\$70,000
Amy Marquez	Director of Events	\$60,000
Katie Gardocki	Sales & Event Manager	\$47,500
Michael Tona	Event Coordinator	\$49,500

5. Please provide the total amount of cash and investments on hand. \_\_\_\_\_

N/A

6. Does your organization charge fees for services? If so, provide a list of fees charged.

Yes, only event registration fees/tickets.

7. Does your organization require background checks from volunteers and staff? Yes

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan? \_\_\_\_\_ N/A

2. How many jobs were created this year over last year by zip code? \_\_\_\_\_ N/A

3. What is the net cost per job created? \_\_\_\_\_ N/A

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

N/A

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

N/A

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_ N/A

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4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_ N/A

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5. Can we reduce the taxpayer subsidy? \_\_\_\_\_ N/A

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

Ray Palmer

\_\_\_\_\_  
Name

\_\_\_\_\_  
President/CEO

Title

\_\_\_\_\_  
3/31/2023

Date

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Pensacola Sports Association, Inc</b>		
	2 Business name/disregarded entity name, if different from above <b>dba Pensacola Sports</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		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>
	<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) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>101 W. Main Street</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>Pensacola, FL 32502</b>			
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>OR</b>									
<b>Employer identification number</b>									
5	9	-	2	1	1	3	0	5	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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Laura Mcullery</i>	Date ▶ <i>3/7/2022</i>
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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, later.*

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** May 16, 2001

Pensacola Sports Association Foundation, Inc.  
P.O. Box 12463  
Pensacola, FL 32582-2463

**Person to Contact:**

Jeremy L. Vogelpohl 31-03888  
Customer Service Representative

**Toll Free Telephone Number:**

8:00 a.m. to 9:30 p.m. EST  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

59-2113050

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in September 1981 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 section 509(a)(3).

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.

Pensacola Sports Association Foundation, Inc.  
59-2113050

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.

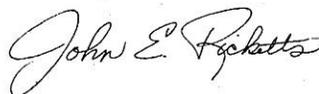
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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,

A handwritten signature in cursive script that reads "John E. Ricketts".

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



LET'S THRIVE TOGETHER



[www.warrenaverett.com](http://www.warrenaverett.com)

## TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.



# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

**FOR THE YEAR ENDING**  
SEPTEMBER 30, 2021

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**PREPARED FOR:**

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION  
101 W MAIN STREET  
PENSACOLA, FL 32502

---

**PREPARED BY:**

WARREN AVERETT, LLC  
350 W CEDAR STREET, SUITE 400  
PENSACOLA, FL 32502

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**AMOUNT DUE OR REFUND:**

BALANCE DUE OF \$1,834

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**MAKE CHECK PAYABLE TO:**

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT  
SYSTEM (EFTPS).

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO  
HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND  
RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE  
ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE  
RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS  
DISTRIBUTION CARRYOVER OF \$731,127. THIS MAY BE APPLIED TO TAX YEAR  
2021 AND SUBSEQUENT YEARS.

WE HAVE MAILED AN EXTRA COPY OF FORM 990-PF TO THE FLORIDA  
ATTORNEY GENERAL AS REQUIRED.

# 2021 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

**FOR THE YEAR ENDING**  
SEPTEMBER 30, 2021

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**PREPARED FOR:**

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION  
101 W MAIN STREET  
PENSACOLA, FL 32502

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**PREPARED BY:**

WARREN AVERETT, LLC  
350 W CEDAR STREET, SUITE 400  
PENSACOLA, FL 32502

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**AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$	1,800
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT ALREADY PAID ON 2021 ESTIMATE	\$	0
BALANCE DUE	\$	1,800

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 0	
NO 2	\$ 0	
NO 3	\$ 0	
NO 4	\$ 1,800	SEPTEMBER 15, 2022

---

**MAKE CHECK PAYABLE TO:**

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT  
SYSTEM (EFTPS).

---

**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax <b>PENSACOLA SPORTS ASSOCIATION, INC. F/K/A PENSACOLA SPORTS ASSOCIATION FOUNDATION</b>	Taxpayer identification number <b>59-2113050</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Name and title of officer or person subject to tax  
**RAY PALMER  
PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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 one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>
<b>4a</b> Form 990-PF check here <input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> <u>1,793.</u>
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize WARREN AVERETT, LLC to enter my PIN 39388  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax  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.

**59356059356**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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  08/16/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990-W**  
(Worksheet)

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-PF

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....		1	
2	Tax on the amount on line 1. See instructions for tax computation .....		2	
3	Alternative minimum tax for trusts. See instructions .....		3	
4	Total. Add lines 2 and 3 .....		4	
5	Estimated tax credits. See instructions .....		5	
6	Subtract line 5 from line 4 .....		6	
7	Other taxes. See instructions .....		7	
8	Total. Add lines 6 and 7 .....		8	
9	Credit for federal tax paid on fuels. See instructions .....		9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a		
b	Enter the tax shown on the 2020 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	1,793.	
c	<b>2021 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....		<b>ADJUSTED TO</b>	10c 1,800.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11			09/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12			1,800.
13	2020 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			1,800.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**

Name of foundation  
**PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite  
**101 W MAIN STREET**

City or town, state or province, country, and ZIP or foreign postal code  
**PENSACOLA, FL 32502**

**A Employer identification number**  
**59-2113050**

**B Telephone number**  
**850-434-2800**

**C** If exemption application is pending, check here

**D 1.** Foreign organizations, check here   
**2.** Foreign organizations meeting the 85% test, check here and attach computation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**G** Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
\$ **3,015,016.**

**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_ (Part I, column (d), must be on cash basis.)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received	1,512,043.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	25,554.	25,554.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	116,239.			
	b Gross sales price for all assets on line 6a	478,998.			
	7 Capital gain net income (from Part IV, line 2)		116,239.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	736,210.	0.	736,210.	STATEMENT 2	
12 <b>Total.</b> Add lines 1 through 11	2,390,046.	141,793.	736,210.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	149,272.	0.	71,322.	77,950.
	14 Other employee salaries and wages	145,252.	0.	69,395.	75,857.
	15 Pension plans, employee benefits	42,591.	0.	42,591.	0.
	16a Legal fees				
	b Accounting fees	STMT 3 8,231.	0.	2,500.	5,731.
	c Other professional fees	STMT 4 45,140.	12,830.	0.	32,310.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion	2,643.	0.	2,643.	
	20 Occupancy	53,767.	0.	48,271.	5,496.
	21 Travel, conferences, and meetings	14,628.	0.	2,264.	12,364.
	22 Printing and publications				
	23 Other expenses	STMT 5 563,642.	0.	49,846.	490,927.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	1,025,166.	12,830.	288,832.	700,635.
	25 Contributions, gifts, grants paid	107,327.			107,327.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,132,493.	12,830.	288,832.	807,962.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1,257,553.				
b <b>Net investment income</b> (if negative, enter -0-)		128,963.			
c <b>Adjusted net income</b> (if negative, enter -0-)			447,378.		

**PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION**

Form 990-PF (2020)

59-2113050

Page 2

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	9,142.	181,163.	181,163.
	2 Savings and temporary cash investments .....			
	3 Accounts receivable ▶ <u>186,709.</u>			
	Less: allowance for doubtful accounts ▶ .....	7,890.	186,709.	186,709.
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....		11,431.	11,431.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock .....			
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis .....			
Less: accumulated depreciation .....				
12 Investments - mortgage loans .....				
13 Investments - other .....	STMT 7	1,420,540.	2,325,864.	2,459,044.
14 Land, buildings, and equipment: basis ▶ <u>34,611.</u>				
Less: accumulated depreciation <u>STMT 8</u> ▶ <u>4,794.</u>		0.	29,817.	29,817.
15 Other assets (describe ▶ <u>CERTIFICATES OF DEP</u> )		0.	146,852.	146,852.
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		1,437,572.	2,881,836.	3,015,016.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	200.	81,461.	
	18 Grants payable .....			
	19 Deferred revenue .....		77,100.	
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ .....			
23 <b>Total liabilities</b> (add lines 17 through 22)		200.	158,561.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ..... <input type="checkbox"/>			
	<b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/>			
	<b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....	0.	0.	
27 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.		
28 Retained earnings, accumulated income, endowment, or other funds ...	1,437,372.	2,723,275.		
29 <b>Total net assets or fund balances</b> .....	1,437,372.	2,723,275.		
30 <b>Total liabilities and net assets/fund balances</b> .....	1,437,572.	2,881,836.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	1,437,372.
2 Enter amount from Part I, line 27a .....	2	1,257,553.
3 Other increases not included in line 2 (itemize) ▶ <u>SEE STATEMENT 6</u>	3	28,350.
4 Add lines 1, 2, and 3 .....	4	2,723,275.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	2,723,275.

Form 990-PF (2020)

**Part IV Capital Gains and Losses for Tax on Investment Income**

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	MORGAN STANLEY #1451 - SHORT-TERM		09/01/21	09/30/21
b	MORGAN STANLEY #1451 - LONG-TERM		10/01/20	09/30/21
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	392,137.		310,313.	81,824.
b	86,861.		52,446.	34,415.
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			81,824.
b			34,415.
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	116,239.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
2	Reserved .....			2
3	Reserved .....			3
4	Reserved .....			4
5	Reserved .....			5
6	Reserved .....			6
7	Reserved .....			7
8	Reserved .....			8

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	1,793.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	1,793.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	1,793.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		0.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	41.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	1,834.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <b>SEE STATEMENT 10</b> If "Yes," attach a detailed description of the activities.	X	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <b>N/A</b>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <b>STMT 11 STMT 12</b> If "Yes," attach the statement required by <i>General Instruction T</i> .	X	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <b>FL</b>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>X</b>
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		149,272.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services ..... **0**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 14	623,190.
2 SEE STATEMENT 15	90,275.
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

**Total.** Add lines 1 through 3 ..... **0.**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	1,970,042.
b	Average of monthly cash balances .....	1b	175,150.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	2,145,192.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	2,145,192.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	32,178.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	2,113,014.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	105,651.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	105,651.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	1,793.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	1,793.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	103,858.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	103,858.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	103,858.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	807,962.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	807,962.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	807,962.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				103,858.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018			877.	
<b>e</b> From 2019			26,146.	
<b>f</b> Total of lines 3a through e	27,023.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	807,962.			
<b>a</b> Applied to 2019, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2020 distributable amount				103,858.
<b>e</b> Remaining amount distributed out of corpus	704,104.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	731,127.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	731,127.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017				
<b>c</b> Excess from 2018			877.	
<b>d</b> Excess from 2019			26,146.	
<b>e</b> Excess from 2020			704,104.	

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) **N/A**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	Prior 3 years		
			(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

MIRIAM YARBROUGH, 850-434-2800  
 101 W MAIN STREET, PENSACOLA, FL 32502

**b** The form in which applications should be submitted and information and materials they should include:

PREAPPROVED FORM AT PENSACOLASPORTS.ORG

**c** Any submission deadlines:

NOVEMBER 1ST

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

INVOLVEMENT IN LOCAL YOUTH SPORTS.

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION

Form 990-PF (2020)

59-2113050 Page 11

**Part XV** **Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BEST BASEBALL 6004 HENNINGS OAKS COVE ARLINGTON, TX 38002	NONE	501(C)(3)	SPORTS TOURISM GRANT	3,000.
FIVE FLAGS SPEEDWAY 7451 PINE FOREST ROAD PENSACOLA, FL 32526	NONE	NC	SPORTS TOURISM GRANT	35,000.
FLIGHT FACTORY DISCS 4346 INDIANA CIRCLE PACE, FL 32571	NONE	NC	SPORTS TOURISM GRANT	3,000.
GREATER PENSACOLA ACQUATIC CLUB PO BOX 30318 PENSACOLA, FL 32503	NONE	501(C)(3)	SPORTS TOURISM GRANT	5,000.
GULF COAST TEXANS 10360 ASHTON BROSNAHAM ROAD PENSACOLA, FL 32534	NONE	501(C)(3)	SPORTS TOURISM GRANT	3,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>107,327.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION

59-2113050

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PILLARS FOR PROMISE 1048 FT. PICKENS ROAD PENSACOLA, FL 32561	NONE	501(C)(3)	COMMUNITY GRANT PROGRAM	500.
SOUTHERN YOUTH SPORTS ASSOCIATION 1320 W. GREGORY STREET PENSACOLA, FL 32502	NONE	501(C)(3)	SPORTS TOURISM GRANT	3,000.
VARSITY ALL STAR 118 NW 14TJ AVENUE GAINESVILLE, FL 32065	NONE	NC	SPORTS TOURISM GRANT	10,000.
TENNIS FOR EVERYONE 415 E. INTENDENCIA STREET PENSACOLA, FL 32502	NONE	501(C)(3)	GRANT-BUILDING FUND FOR TENNIS COMPLEX	5,000.
NORTHWEST ESCAMBIA FOOTBALL LEAGUE, INC. PO BOX 74 WALNUT HILL, FL 32568	NONE	NC	SCOREBOARD AT VENUE	1,000.
FIRST TEE GULF COAST 3924 WEST NAVY BLVD PENSACOLA, FL 32507	NONE	501(C)(3)	GRANT FOR DIVOT DERBY \$6,000 & SKILLS CHALLENGE \$1,500	7,600.
UWF FOUNDATION INC. 11000 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NONE	501(C)(3)	SUPPORT FOR ATHLETICS	10,000.
USM ATHLETICS FOUNDATION P.O. BOX 15458 HATTIESBURG, MS 39404	NONE	501(C)(3)	MICHAEL STEPHENS MEMORIAL SCHOLARSHIP	100.
ARC GATEWAY FOUNDATION 3932 N. 10TH AVENUE PENSACOLA, FL 32503	NONE	501(C)(3)	BUD LIGHT TENNIS DONATION	5,000.
FELLOWSHIP OF CHRISTIAN ATHLETES 4900 BAYOU BLVD, SUITE 212 PENSACOLA, FL 32503	NONE	501(C)(3)	SPONSORSHIP	500.
<b>Total from continuation sheets</b>				<b>58,327.</b>

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION

59-2113050

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PILLARS OF PROMISE 321 N DEVILLIERS ST, SUITE 103 PENSACOLA, FL 32501	NONE	501(C)(3)	YOUTH BIKE AND TRI INITIATIVE	2,000.
MICHAEL CAPPS 2445 CONNELL DRIVE PENSACOLA, FL 32503	NONE	NC	REIMBURSE EXPENSES - HURRICANE SALLY RELIEF MEALS	290.
PENSACOLA BAY CENTER 201 EAST GREGORY STREET PENSACOLA, FL 32502	NONE	NC	REIMBURSE EXPENSES - HURRICANE SALLY RELIEF MEALS	8,448.
PENSACOLA ICE FLYERS 201 EAST GREGORY STREET PENSACOLA, FL 32502	NONE	NC	REIMBURSE EXPENSES - HURRICANE SALLY RELIEF MEALS	389.
UNIV OF ALABAMA BOX 870162 TUSCALOOSA, AL 35487	NONE	501(C)(3)	SCHOLARSHIP - JANE M DICKERSON	4,000.
PENSACOLA STATE COLLEGE BOOKSTORE 1000 COLLEGE BLVD PENSACOLA, FL 32504	NONE	501(C)(3)	CHANCE OUTTEN TEAM SUPERSTAR SCHOLARSHIP	500.
<b>Total from continuation sheets</b> .....				

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION

Employer identification number

59-2113050

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>PENSACOLA SPORTS ASSOCIATION, INC. F/K/A PENSACOLA SPORTS ASSOCIATION FOUNDATION</b>	Employer identification number <b>59-2113050</b>
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**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	FISHBEIN ORTHODONTICS 4900 MARKET PLACE DRIVE PENSACOLA, FL 32504	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PUBLIX SUPER MARKETS, INC. 9786 W. BEAVER STREET JACKSONVILLE, FL 32220	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LEWIS BEAR COMPANY 6120 ENTERPRISE DRIVE PENSACOLA, FL 32505	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANDREWS INSTITUTE 1040 GULF BREEZE PARKWAY GULF BREEZE, FL 32561	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COX COMMUNICATIONS 3405 MCLEMORE DRIVE PENSACOLA, FL 32514	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESCAMBIA COUNTY 221 PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	\$ 10,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PENSACOLA SPORTS ASSOCIATION, INC. F/K/A                  PENSACOLA SPORTS ASSOCIATION FOUNDATION</b>	Employer identification number <b>59-2113050</b>
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**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	STEP ONE AUTOMOTIVE  696 BEAL PARKWAY NW  FT WALTON BEACH, FL 32547	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PENSACOLA ASSOCIATION OF REALTORS, INC.  107 W. MAIN STREET  PENSACOLA, FL 32502	\$ 6,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ACADEMY SPORTS & OUTDOORS  1800 N. MADISON ROAD  KATY, TX 77449	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	COLUMBIA SOUTHERN EDUCATION GROUP  21982 UNIVERSITY LANE  ORANGE BEACH, AL 36561	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HANCOCK WHITNEY BANK  P.O. BOX 4019  GULFPORT, MS 39502	\$ 5,000.	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.)

Name of organization <b>PENSACOLA SPORTS ASSOCIATION, INC. F/K/A</b> <b>PENSACOLA SPORTS ASSOCIATION FOUNDATION</b>	<b>Employer identification number</b>  59-2113050
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>PENSACOLA SPORTS ASSOCIATION, INC. F/K/A                  PENSACOLA SPORTS ASSOCIATION FOUNDATION</b>	Employer identification number <b>59-2113050</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

Name **PENSACOLA SPORTS ASSOCIATION, INC. F/K/A  
PENSACOLA SPORTS ASSOCIATION FOUNDATION**

Employer identification number  
**59-2113050**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions) .....		1	1,793.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b		
2c	Credit for federal tax paid on fuels (see instructions) .....	2c		
2d	<b>Total.</b> Add lines 2a through 2c .....	2d		
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3		1,793.
4	Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4		
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5		1,793.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	9	02/15/21	03/15/21	06/15/21	09/15/21
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	448.	449.	448.	448.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14		448.	897.	1,345.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		448.	897.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	448.	449.	448.	448.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>41.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MORGAN STANLEY #1451	25,554.	0.	25,554.	25,554.	25,554.
TO PART I, LINE 4	25,554.	0.	25,554.	25,554.	25,554.

FORM 990-PF	OTHER INCOME			STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
PROGRAM REVENUES	234,171.	0.	234,171.	
MEMBERSHIP DUES	17,175.	0.	17,175.	
ESCAMBIA CO. TOURIST DEVELOPEMENT CONTRACT	418,107.	0.	418,107.	
OTHER REVENUE	66,757.	0.	66,757.	
TOTAL TO FORM 990-PF, PART I, LINE 11	736,210.	0.	736,210.	

FORM 990-PF	ACCOUNTING FEES				STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	8,231.	0.	2,500.	5,731.	
TO FORM 990-PF, PG 1, LN 16B	8,231.	0.	2,500.	5,731.	

FORM 990-PF	OTHER PROFESSIONAL FEES				STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEES FOR SERVICES	45,140.	12,830.	0.	32,310.	
TO FORM 990-PF, PG 1, LN 16C	45,140.	12,830.	0.	32,310.	

FORM 990-PF	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	210,901.	0.	25,115.	185,786.
CONFERENCES	16,891.	0.	7,162.	9,729.
INSURANCE	14,165.	0.	14,165.	0.
MISCELLANEOUS	5,217.	0.	3,436.	1,781.
EQUIPMENT RENTAL	40,080.	0.	2,541.	14,670.
SUPPLIES	30,470.	0.	0.	30,470.
PRIZES & AWARDS	119,964.	0.	0.	119,964.
TOURIST DEVELOPMENT HOUSING	76,759.	0.	0.	76,759.
BAD DEBT	1,140.	0.	1,140.	0.
OFFICE EXPENSE	44,268.	0.	18,993.	25,275.
OVERHEAD ALLOCATION	0.	0.	-22,706.	22,706.
FUNDRAISING & MEMBER PROMOTION	3,787.	0.	0.	3,787.
TO FORM 990-PF, PG 1, LN 23	563,642.	0.	49,846.	490,927.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION		AMOUNT
IN-KIND DONATION OF SERVICES AND FACILITIES		28,350.
TOTAL TO FORM 990-PF, PART III, LINE 3		28,350.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	FMV	2,325,864.	2,459,044.
TOTAL TO FORM 990-PF, PART II, LINE 13		2,325,864.	2,459,044.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
2003 CHEVROLET TRUCK	8,933.	1,191.	7,742.
2016 FORD F-150	22,690.	3,404.	19,286.
TRAILER 16FT UTILITY	2,988.	199.	2,789.
TOTAL TO FM 990-PF, PART II, LN 14	34,611.	4,794.	29,817.

FORM 990-PF OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CERTIFICATES OF DEPOSIT	0.	146,852.	146,852.
TO FORM 990-PF, PART II, LINE 15	0.	146,852.	146,852.

FORM 990-PF STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED STATEMENT 10  
PART VII-A, LINE 2

EXPLANATION

PENSACOLA SPORTS ASSOCIATION, INC. 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.

FOR THE PERIOD OCTOBER 1, 2020 THROUGH DECEMBER 31, 2020, PSA WAS KNOWN AS THE PENSACOLA SPORTS FOUNDATION, INC. EFFECTIVE DECEMBER 31, 2020, THE FOUNDATION COMPLETED AN ACQUISITION OF THE LEGACY ORGANIZATION, PENSACOLA SPORTS ASSOCIATION, INC. UPON COMPLETION OF THE ACQUISITION, THE FOUNDATION BECAME AN OPERATING ENTITY KNOWN AS PENSACOLA SPORTS ASSOCIATION, INC. THE PREVIOUS TWO SEPARATE ENTITIES ARE NOW OPERATING AS ONE ORGANIZATION.

FORM 990-PF

STATEMENT CONCERNING LIQUIDATION,  
TERMINATION, ETC. - PART VII-A, LINE 5

STATEMENT 11

EXPLANATION

ON JULY 1, 2022, THE ORGANIZATION NOTIFIED THE IRS OF ITS INTENTION TO TERMINATE ITS PRIVATE FOUNDATION STATUS UNDER INTERNAL REVENUE CODE SECTION 507(B)(1)(B) DURING THE 60-MONTH WINDOW BEGINNING OCTOBER 1, 2021 AND ENDING SEPTEMBER 30, 2025. THE ORGANIZATION INTENDS TO OPERATE AS A PUBLIC CHARITY DESCRIBED IN IRC SECTION 509(A)(1) AND 170(B)(1)(A)(VI) DURING THE 60-MONTH PERIOD.

FORM 990-PF

DISSOLUTION STATEMENT

STATEMENT 12

NAME OF RECIPIENT

N/A

ADDRESS OF RECIPIENT

101 W MAIN STREET  
PENSACOLA, FL 32502

FAIR MARKET VALUE  
OF ASSETS

EXPLANATION OF DISTRIBUTED ASSETS

THE ORGANIZATION WILL CONTINUE AFTER THE 60-MONTH WINDOW AS A PUBLIC CHARITY.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATIE MCPHAIL 101 W MAIN STREET PENSACOLA, FL 32502	CHAIRPERSON 2.00	0.	0.	0.
JIM BERAN 101 W MAIN STREET PENSACOLA, FL 32502	CHAIRPERSON-ELECT 2.00	0.	0.	0.
RICK JOHNSON 101 W MAIN STREET PENSACOLA, FL 32502	PAST CHAIRMAN 2.00	0.	0.	0.
DOUGLAS BATES 101 W MAIN STREET PENSACOLA, FL 32502	VICE CHAIR MEMBERSHIP/MKTING 2.00	0.	0.	0.
BROOKE FORESTER 101 W MAIN STREET PENSACOLA, FL 32502	VICE CHAIR SPORTS EVENTS 2.00	0.	0.	0.
DANIEL HERMAN 101 W MAIN STREET PENSACOLA, FL 32502	VICE CHAIR FINANCE 2.00	0.	0.	0.
ROBBY RUSHING 101 W MAIN STREET PENSACOLA, FL 32502	VICE CHAIR TDC AFFAIRS 2.00	0.	0.	0.
BRENT SCOTT 101 W MAIN STREET PENSACOLA, FL 32502	VICE CHAIR SPORTS MKTING 2.00	0.	0.	0.
HAL MAJOR 101 W MAIN STREET PENSACOLA, FL 32502	TREASURER 2.00	0.	0.	0.
MICHAEL CAPPS 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A

59-2113050

MICHAEL CLARKE 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
BRIAN COOPER 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
CHARLES GHEEN 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
JONATHAN GRIFFITH 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
SCOTT GRISSETT 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
JOHN HUTCHINSON 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
CAM JOHNSON 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
RHEA KESSLER 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
BRYAN LEWALLYN 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
JARED MARTIN 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
TI MCCONNELL 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
STEVE MEYER 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A

59-2113050

WILL MOORE 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
JANET OLLIFF 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
JOHN PANYKO 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
SHENNA PAYNE 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
ANTHONY PORTERFIELD 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
RON PULLEY 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
MICHAEL RHODES 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
JEFF ROGERS 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
NORM ROSS 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
TED ROY 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
DAVE SCOTT 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
KEVIN SLUDER 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.

PENSACOLA SPORTS ASSOCIATION, INC. F/K/A

59-2113050

MARK TAYLOR 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
HARRIS TURNER 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
DONOVAN WHIBBS 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
JACK WILLIAMS 101 W MAIN STREET PENSACOLA, FL 32502	MEMBER 2.00	0.	0.	0.
RAY PALMER 101 W MAIN STREET PENSACOLA, FL 32502	PRESIDENT/CEO 40.00	90,374.	0.	0.
LAURA MCCOLLERS 101 W MAIN STREET PENSACOLA, FL 32502	DIRECTOR OF OPERATIONS 40.00	58,898.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	149,272.	0.	0.
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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 14

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ACTIVITY ONE

THE ORGANIZATION SHOWCASES THE UNIQUE ASSETS OF THE NORTHWEST FLORIDA REGION BY MANAGING ATHLETIC EVENTS INCLUDING THE PENSACOLA DOUBLE BRIDGE RUN, THE PENSACOLA MARATHON AND HALF MARATHON, THE BUD LIGHT CHARITY TENNIS CHALLENGE AND THE PENSACOLA HIGH SCHOOL ALL-STAR SERIES.

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES
623,190.

ACTIVITY TWO

THE ORGANIZATION IS COMMITTED TO GROWING THE HEALTH OF THE LOCAL ECONOMY THROUGH PROMOTION OF SPORTS TOURISM. PSA WORKS WITH EVENT PROMOTERS LOCALLY AND NATIONALLY TO GENERATE REVENUE FOR THE COMMUNITY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

90,275.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	2003 CHEVROLET TRUCK	01/27/21	SL	5.00		16	8,933.				8,933.			1,191.	1,191.
2	2016 FORD F-150	01/14/21	SL	5.00		16	22,690.				22,690.	2,151.		1,253.	3,404.
3	TRAILER 16FT UTILITY	05/18/21	SL	5.00		16	2,988.				2,988.			199.	199.
	* TOTAL 990-PF PG 1 DEPR						34,611.				34,611.	2,151.		2,643.	4,794.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						34,611.			0.	34,611.	2,151.			4,794.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						34,611.			0.	34,611.	2,151.			4,794.
	ENDING ACCUM DEPR											4,794.			
	ENDING BOOK VALUE											29,817.			

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>PENSACOLA SPORTS ASSOCIATION, INC. F/K/A PENSACOLA SPORTS ASSOCIATION FOUNDATION</b>	Taxpayer identification number (TIN) <b>59-2113050</b>
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. <b>101 W MAIN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32502</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE FOUNDATION**

- The books are in the care of ▶ **101 W MAIN STREET - PENSACOLA, FL 32502**  
Telephone No. ▶ **850-434-2800** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

**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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
 Open to Public  
 Inspection

**A** For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20

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

**C** Name of organization: **Pensacola Sports Association, Inc.**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **101 West Main Street**  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **Pensacola FL 32502**

**D** Employer identification number: **59-0767953**

**E** Telephone number: **850-434-2800**

**G** Gross receipts: **1,618,984**

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

**I** Tax-exempt status:  501(c)(3)  501(c) ( **4** ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.pensacolasports.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1959** **M** State of legal domicile: **FL**

**H(c)** Group exemption number: \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	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)	<b>40</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>40</b>
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>10</b>
	6	Total number of volunteers (estimate if necessary)	<b>100</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
7b	Net unrelated business taxable income from Form 990-T, line 39	<b>0</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>266,563</b> Current Year: <b>299,712</b>
	9	Program service revenue (Part VIII, line 2g)	<b>1,449,896</b> <b>1,096,686</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>21,081</b> <b>-8,977</b>
	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)	<b>1,737,540</b> <b>1,387,421</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>9,000</b> <b>10,000</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>470,452</b> <b>500,379</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>773</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,175,762</b> <b>781,703</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,655,214</b> <b>1,292,082</b>
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	<b>82,326</b> <b>95,339</b>
	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>966,047</b> End of Year: <b>1,147,201</b>
	21	Total liabilities (Part X, line 26)	<b>95,960</b> <b>135,504</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>870,087</b> <b>1,011,697</b>

**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.

**CLIENT'S COPY**

**Sign Here**  
 Signature of officer: **Ray Palmer** Date: \_\_\_\_\_  
 Type or print name and title: **President**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Kevin J. Carlson** Preparer's signature: *Kevin J. Carlson* Date: **01/29/21** Check  if PTIN self-employed  
 Firm's name: **Carlson & Company, Chartered** Firm's EIN: \_\_\_\_\_  
 Firm's address: **7100 Plantation Road, Building 21 Pensacola, FL 32504** Phone no.: **850-476-6900**

**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 \$ **676,833** including grants of\$ ) (Revenue \$ **676,833** )  
**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 \$ **121,337** including grants of\$ ) (Revenue \$ **272,512** )  
**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 \$ **256,931** including grants of\$ **10,000** ) (Revenue \$ )  
**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 on Schedule O.)

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

4e Total program service expenses **u 1,055,101**

**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>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		
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>	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>		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>		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>		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>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>		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>	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>		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>		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>	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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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>		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>		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> (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? <i>If "Yes," complete Schedule G, Part II</i>		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>		X
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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a <b>10</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</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 on 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
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 40		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 40		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **u**

**Ray Palmer** **101 West Main Street**  
**Pensacola** **FL 32501** **850-434-2800**

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

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

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

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

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

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 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)Katie McPhail	1.00									
Chairperson	0.00	X		X			0	0	0	
(2)Jim Beran	1.00									
Chairperson - elect	0.00	X		X			0	0	0	
(3)Doug Bates	1.00									
ViceChair-Membership	0.00	X		X			0	0	0	
(4)Brent Scott	1.00									
VChair-SptsMarketing	0.00	X		X			0	0	0	
(5)Daniel Herman	1.00									
ViceChair - Finance	0.00	X		X			0	0	0	
(6)Robby Rushing	1.00									
ViceChairTDC Affairs	0.00	X		X			0	0	0	
(7)Evan Malone	1.00									
Vice Chair - Events	0.00	X		X			0	0	0	
(8)Janet Olliff	1.00									
ViceChair Spt Events	0.00	X		X			0	0	0	
(9)Will Moore	1.00									
Director	0.00	X					0	0	0	
(10)Michael Capps	1.00									
Director	0.00	X					0	0	0	
(11)Michael Clarke	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 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) Will Condon	1.00									
Director	0.00	X					0	0	0	
(13) Brian Cooper	1.00									
Director	0.00	X					0	0	0	
(14) Mitch Goldstein	1.00									
Director	0.00	X					0	0	0	
(15) Scott Grissett	1.00									
Director	0.00	X					0	0	0	
(16) Denise Crowell	1.00									
Director	0.00	X					0	0	0	
(17) Brooke Forester	1.00									
Director	0.00	X					0	0	0	
(18) Charles Gheen	1.00									
Director	0.00	X					0	0	0	
(19) Johnathan Griffith	1.00									
Director	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>83,252</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>83,252</b>			

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**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 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) <b>Bill Hamilton</b>	1.00									
..... Director	0.00	X					0	0	0	
(21) <b>Cam Johnson</b>	1.00									
..... Director	0.00	X					0	0	0	
(22) <b>David Kemp</b>	1.00									
..... Director	0.00	X					0	0	0	
(23) <b>Rhea Kessler</b>	1.00									
..... Director	0.00	X					0	0	0	
(24) <b>Jared Martin</b>	1.00									
..... Director	0.00	X					0	0	0	
(25) <b>Steve Meyer</b>	1.00									
..... Director	0.00	X					0	0	0	
(26) <b>Ti McConnell</b>	1.00									
..... Director	0.00	X					0	0	0	
(27) <b>John Panyko</b>	1.00									
..... Director	0.00	X					0	0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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> .....		

**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 **u**

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

(A) Name and title	(B) Average hours per week 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) Rick Johnson	1.00									
Director	0.00	X					0	0	0	
(29) Ron Pulley	1.00									
Director	0.00	X					0	0	0	
(30) Michael Rhodes	1.00									
Director	0.00	X					0	0	0	
(31) Jeff Rogers	1.00									
Director	0.00	X					0	0	0	
(32) Edward "Ted" Roy	1.00									
Director	0.00	X					0	0	0	
(33) Norm Ross	1.00									
Director	0.00	X					0	0	0	
(34) Kevin Sluder	1.00									
Director	0.00	X					0	0	0	
(35) Dave Scott	1.00									
Director	0.00	X					0	0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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> .....		

**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 **u**

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

(A) Name and title	(B) Average hours per week 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) Michael Stephens	1.00									
Director	0.00	X					0	0	0	
(37) Mark Taylor	1.00									
Director	0.00	X					0	0	0	
(38) Jason Weeks	1.00									
Director	0.00	X					0	0	0	
(39) Lauren Smith	1.00									
Director	0.00	X					0	0	0	
(40) Harris Turner	1.00									
Director	0.00	X					0	0	0	
(41) Ray Palmer	40.00									
President	0.00			X			83,252	0	0	
<b>1b Subtotal</b>							<b>83,252</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>		
<b>5</b> 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>		

**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 **u**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	19,509				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	280,203				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>		299,712			
<b>Program Service Revenue</b>	<b>2a</b> Escambia Co tourist developme	Business Code					
	<b>b</b> Program revenues		676,833	676,833			
	<b>c</b>		419,853	419,853			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>		1,096,686			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	20,735	20,735			
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>	201,851				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	231,563			
	<b>c</b> Gain or (loss)	<b>7c</b>	-29,712				
	<b>d</b> Net gain or (loss)	<b>u</b>		-29,712	-29,712		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>		1,387,421	1,087,709	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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	83,252	64,104	19,148	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	359,598	253,428	106,170	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	57,529		57,529	
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,998		2,998	
<b>c</b> Accounting	9,500	9,500		
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	147,373	142,950	3,650	773
<b>13</b> Office expenses	50,872	40,144	10,728	
<b>14</b> Information technology	2,048		2,048	
<b>15</b> Royalties				
<b>16</b> Occupancy	26,350	6,990	19,360	
<b>17</b> Travel	23,899	19,716	4,183	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	25,739	10,118	15,621	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	14,208	6,804	7,404	
<b>23</b> Insurance	17,759		17,759	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Event prizes &amp; awards</b>	179,411	179,411		
<b>b</b> <b>Sports Marketing TouristD</b>	138,749	138,749		
<b>c</b> <b>Fees for other services</b>	57,428	57,428		
<b>d</b> <b>SPT MKT - OVERHEAD</b>	33,308	33,308		
<b>e</b> All other expenses	52,061	82,451	-30,390	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,292,082	1,055,101	236,208	773
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>198</b>	<b>1</b>	<b>199</b>
	<b>2</b> Savings and temporary cash investments .....	<b>29,523</b>	<b>2</b>	<b>145,569</b>
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>159,082</b>	<b>4</b>	<b>167,128</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>23,367</b>	<b>9</b>	<b>6,385</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>495,269</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>478,119</b>		
	<b>11</b> Investments—publicly traded securities .....	<b>23,597</b>	<b>10c</b>	<b>17,150</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....	<b>546,332</b>	<b>11</b>	<b>632,300</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....	<b>81,653</b>	<b>13</b>	<b>74,849</b>
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>102,295</b>	<b>14</b>	<b>74,849</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>966,047</b>	<b>15</b>	<b>103,621</b>	
<b>17</b> Accounts payable and accrued expenses .....	<b>32,286</b>	<b>16</b>	<b>1,147,201</b>	
<b>18</b> Grants payable .....		<b>17</b>	<b>76,513</b>	
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....	<b>63,674</b>	<b>19</b>	<b>58,991</b>	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....		<b>24</b>		
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>95,960</b>	<b>25</b>	<b>135,504</b>	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
<b>27</b> Net assets without donor restrictions .....	<b>870,087</b>	<b>26</b>	<b>135,504</b>	
<b>28</b> Net assets with donor restrictions .....		<b>27</b>	<b>1,011,697</b>	
<b>28</b> <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>		
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>		
<b>32</b> Total net assets or fund balances .....	<b>870,087</b>	<b>31</b>	<b>1,011,697</b>	
<b>33</b> Total liabilities and net assets/fund balances .....	<b>966,047</b>	<b>32</b>	<b>1,147,201</b>	
		<b>33</b>		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,387,421</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,292,082</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>95,339</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>870,087</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>46,271</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>1,011,697</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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 on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits		

**Schedule of Contributors**

**2019**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  <b>Pensacola Sports Association, Inc.</b>	Employer identification number  <b>59-0767953</b>
---------------------------------------------------------------------------	---------------------------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **4** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

**Pensacola Sports Association, Inc.****59-0767953****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 7,369	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 22,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 38,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 40,000	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	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 8,788	Person <input checked="" 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**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organization is described below. **u** Attach to Form 990 or Form 990-EZ.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) **u** \$ .....
- 3 Volunteer hours for political campaign activities (see instructions) .....

**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 **u** \$ .....
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **u** \$ .....
- 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 **u** \$ .....
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **u** \$ .....
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **u** \$ .....
- 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) 2019

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<input checked="" type="checkbox"/>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		<input checked="" type="checkbox"/>

**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."**

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

**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.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

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

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

**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 make 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 program
  - 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    |
|----------------------------------------------|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** .....
  - b** Permanent endowment **u** .....
  - c** Term endowment **u** .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                         | Yes           | No |
|---------------------------------------------------------------------------------------------------------|---------------|----|
| <b>(i)</b> Unrelated organizations .....                                                                | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....                                                                 | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....		<b>423,757</b>	<b>423,757</b>	
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>71,512</b>	<b>54,362</b>	<b>17,150</b>
<b>e</b> Other .....		<b>0</b>	<b>0</b>	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>17,150</b>

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... <b>u</b>		

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ... <b>u</b>		

**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) <b>1356 • CD TRUSTMARK BANK</b>	<b>51,959</b>
(2) <b>1358 • CD BANK OF PENSACOLA</b>	<b>51,662</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... <b>u</b>	<b>103,621</b>

**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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... <b>u</b>	

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





**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" on Form 990, Part IV, line 21 or 22.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**Pensacola Sports Association, Inc.**

Employer identification number

**59-0767953**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 6630 • SCHOLARSHIPS	4	10,000			
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.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Board and staff monitor scholarships and grants awarded to ensure funds are used for intended purposes.

**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**Pensacola Sports Association, Inc.**

Employer identification number

**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 President, 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.**

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

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	<b>1,020,000</b>
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	<b>2,550,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	<b>7,403</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 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 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	<b>7,403</b>
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.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions									25		
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year				43	6,804
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report				44	6,804

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	2-5 Ton A/C Condensing Units	6/07/07	8,055			8,055	15 MO S/L	6,623	537
2	Leasehold Improv / Building	8/01/96	423,757			423,757	20 MO S/L	423,757	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
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 & V	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
27	Task Chair with Arms	12/10/05	81			81	5 MO S/L	81	0
31	2006 Big Tex 45LA-14Trailer 16VNX1426	4/01/08	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
36	Wireless Credit Card Machine	9/03/09	860			860	5 MO S/L	860	0
	Sold/Scrapped: 9/30/20								
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
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	1,000	0
	Sold/Scrapped: 9/30/20								
51	2008 Toyota Tundra	9/11/13	15,816			15,816	5 MO S/L	15,816	0
	Mass Sale: 9/16/20								
52	iPad (Ray)	4/29/14	633			633	5 MO S/L	633	0
53	iPad - Jason	8/06/14	508			508	5 MO S/L	508	0
54	iPad-Mel	8/07/14	400			400	5 MO S/L	400	0
55	Dell 17 Inspiron	10/03/13	747			747	5 MO S/L	747	0
56	Optiplex 3020 computer - Jason	10/30/13	611			611	5 MO S/L	611	0
57	Inspiron 660 computer - Ray	10/30/13	472			472	5 MO S/L	472	0
58	Spray Rhino Liner for truck	10/31/13	532			532	5 MO S/L	532	0
	Mass Sale: 9/16/20								
59	Computer/monitor - BestBuy - MY	3/13/15	785			785	5 MO S/L	719	66
60	Dell Computer/Monitor (TB)	11/04/15	484			484	5 MO S/L	379	97
61	Equipment for Fishing Rodeo	10/01/16	1,200			1,200	5 MO S/L	720	240
62	Dell Inspiron Desktop (Jason)	10/23/16	926			926	5 MO S/L	540	185
63	2017 Anvil Trailer	10/11/16	4,162			4,162	7 MO S/L	1,784	594
64	Wrap for Anvil Trailer	1/17/17	1,881			1,881	7 MO S/L	717	268
66	Office desk - SG	3/01/17	2,210			2,210	5 MO S/L	1,142	442
67	Conference Room Furn (net)	2/24/17	3,122			3,122	5 MO S/L	1,613	625
68	Stage (HSAS Series)	3/01/17	1,700			1,700	5 MO S/L	878	340
69	Laptop - Best Buy (RP)	3/01/17	430			430	5 MO S/L	222	86
70	Webpro SW for Fishing Rodeo	5/01/17	2,750			2,750	5 MO S/L	1,329	550
71	GMC Truck with wrap	3/31/18	7,205			7,205	5 MO S/L	2,161	1,441
72	Ice machine (board room)	9/07/18	1,828			1,828	5 MO S/L	396	365
73	Laptop - Walmart (Selena)	6/13/19	552			552	5 MO S/L	28	110
74	Office Enclosure	1/01/19	6,600			6,600	5 MO S/L	1,042	1,320
75	10' x 10' Tent	10/07/19	956			956	7 MO S/L	0	137
	<b>Total Other Depreciation</b>		<u>513,477</u>			<u>513,477</u>		<u>488,924</u>	<u>7,403</u>
	<b>Total ACRS and Other Depreciation</b>		<u>513,477</u>			<u>513,477</u>		<u>488,924</u>	<u>7,403</u>
<b>Amortization:</b>									
65	Fishing Rodeo - Goodwill	10/01/16	102,066			102,066	15 MO Amort	20,413	6,804

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			102,066			102,066		20,413	6,804
	<b>Grand Totals</b>		615,543			615,543		509,337	14,207
	<b>Less: Dispositions and Transfers</b>		18,208			18,208		18,208	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		597,335			597,335		491,129	14,207

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
4085 · INTEREST INCOME-INVEST	\$ 19,409					
4090 · INTEREST INCOME-BANK A	1,326					
Total	<u>\$ 20,735</u>					

## Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Equipment & facility rent	\$ 31,031	\$ 31,031	\$	\$
Program event expenses	30,676	30,676		
Event supplies	18,276	18,276		
5200 · MISC EXPENSES	2,918		2,918	
Miscellaneous	2,468	2,468		
4240 · SPORTS MKT OVERHEA	-33,308		-33,308	
Total	<u>\$ 52,061</u>	<u>\$ 82,451</u>	<u>\$ -30,390</u>	<u>\$ 0</u>

Form **990****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **10/01/19**, ending **09/30/20**

Name

Taxpayer Identification Number

**Pensacola Sports Association, Inc.****59-0767953**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	258,913	280,203	21,290
	2. Membership dues and assessments	7,650	19,509	11,859
	3. Government contributions and grants			
	4. Program service revenue	1,449,896	1,096,686	-353,210
	5. Investment income	21,081	20,735	-346
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-29,712	-29,712
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>1,737,540</b>	<b>1,387,421</b>	<b>-350,119</b>
<b>Expenses</b>	13. Grants and similar amounts paid	9,000	10,000	1,000
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	86,789	83,252	-3,537
	16. Salaries, other compensation, and employee benefits	383,663	417,127	33,464
	17. Professional fundraising fees			
	18. Other professional fees	12,396	12,498	102
	19. Occupancy, rent, utilities, and maintenance	25,511	26,350	839
	20. Depreciation and Depletion	14,055	14,208	153
	21. Other expenses	1,123,800	728,647	-395,153
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>1,655,214</b>	<b>1,292,082</b>	<b>-363,132</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>82,326</b>	<b>95,339</b>	<b>13,013</b>
<b>Other Information</b>	24. Total exempt revenue	1,737,540	1,387,421	-350,119
	25. Total unrelated revenue			
	26. Total excludable revenue	1,470,977	1,087,709	-383,268
	27. Total assets	966,047	1,147,201	181,154
	28. Total liabilities	95,960	135,504	39,544
	29. Retained earnings	870,087	1,011,697	141,610
	30. Number of voting members of governing body	39	40	
	31. Number of independent voting members of governing body	39	40	
	32. Number of employees	8	10	
	33. Number of volunteers	100	100	

**PENSACOLA SPORTS ASSOCIATION, INC.**

**FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2021**



**PENSACOLA SPORTS ASSOCIATION, INC.**  
**TABLE OF CONTENTS**  
**SEPTEMBER 30, 2021**

---

<b>INDEPENDENT AUDITORS' REPORT</b>	1
<b>FINANCIAL STATEMENTS</b>	
Statement of Financial Position	2
Statement of Activities	3
Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to the Financial Statements	6

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
Pensacola Sports Association, Inc.

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, 2021, and the related statements of activities, functional expenses, 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.

### **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, 2021, 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.

*Warren Averett, LLC*

Pensacola, Florida  
January 31, 2022

**PENSACOLA SPORTS ASSOCIATION, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2021**

---

**ASSETS**

**CURRENT ASSETS**

Cash and cash equivalents	\$ 181,163
Accounts receivable	186,709
Prepaid expense	<u>11,431</u>

Total current assets 379,303

**OTHER ASSETS**

Certificates of deposit	146,852
Investments	<u>2,459,044</u>

Total other assets 2,605,896

**PROPERTY AND EQUIPMENT, NET** 29,817

**TOTAL ASSETS** \$ 3,015,016

**LIABILITIES AND NET ASSETS**

**CURRENT LIABILITIES**

Accounts payable	\$ 81,461
Deferred revenue	<u>77,100</u>

**TOTAL LIABILITIES** 158,561

**NET ASSETS**

Without donor restrictions	<u>2,856,455</u>
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**TOTAL LIABILITIES AND NET ASSETS** \$ 3,015,016

See notes to the financial statements.

**PENSACOLA SPORTS ASSOCIATION, INC.  
STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

---

**NET ASSETS WITHOUT DONOR RESTRICTIONS**

Revenues and Support	
Corporate sponsorship	\$ 226,314
Program revenues	234,171
Escambia Co. tourist development contract	418,107
Membership dues	17,175
In-kind donations	<u>120,734</u>
Total revenues and other support	1,016,501
Expenses	
Program related expenses	817,005
Management and general expenses	311,701
Fundraising expenses	<u>3,787</u>
Total expenses	<u>1,132,493</u>
<b>LOSS FROM OPERATING ACTIVITIES</b>	(115,992)
Nonoperating activities	
Interest income, net	25,554
PPP loan forgiveness	94,497
Investment income, net	249,419
Contribution from acquisition	1,098,848
Other	<u>66,757</u>
Total nonoperating activities	1,535,075
<b>CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	1,419,083
<b>NET ASSETS, BEGINNING</b>	<u>1,437,372</u>
<b>NET ASSETS, ENDING</b>	<u><u>\$ 2,856,455</u></u>

See notes to the financial statements.

**PENSACOLA SPORTS ASSOCIATION, INC.  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

	<b>Operating Program Expenses</b>	<b>Sports Marketing Program Expenses</b>	<b>Total Program Expenses</b>	<b>General &amp; Administrative Services</b>	<b>Fundraising Expenses</b>	<b>Total Expenses</b>
Accounting and audit	\$ -	\$ 5,731	\$ 5,731	\$ 2,500	\$ -	\$ 8,231
Advertising	89,530	96,256	185,786	25,115	-	210,901
Bad debt	-	-	-	1,140	-	1,140
Conferences, conventions and meetings	9,729	-	9,729	7,162	-	16,891
Depreciation	-	-	-	2,643	-	2,643
Donations and grants	78,327	29,000	107,327	-	-	107,327
Employee benefits	-	-	-	42,591	-	42,591
Equipment and facility rentals	14,670	-	14,670	25,410	-	40,080
Fundraising & member promotion	-	-	-	-	3,787	3,787
Insurance	-	-	-	14,165	-	14,165
Miscellaneous	1,781	-	1,781	3,436	-	5,217
Occupancy	-	5,496	5,496	48,271	-	53,767
Office	9,287	15,988	25,275	18,993	-	44,268
Outside services	45,140	-	45,140	-	-	45,140
Payroll and payroll tax	-	153,807	153,807	140,717	-	294,524
Prize and awards	119,964	-	119,964	-	-	119,964
Supplies	30,470	-	30,470	-	-	30,470
Tourist development hosting and bids	-	76,759	76,759	-	-	76,759
Travel	-	12,364	12,364	2,264	-	14,628
Overhead allocation	-	22,706	22,706	(22,706)	-	-
<b>TOTAL EXPENSES</b>	<b>\$ 398,898</b>	<b>\$ 418,107</b>	<b>\$ 817,005</b>	<b>\$ 311,701</b>	<b>\$ 3,787</b>	<b>\$ 1,132,493</b>

See notes to the financial statements.

**PENSACOLA SPORTS ASSOCIATION, INC.  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

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**CASH FLOWS FROM OPERATING ACTIVITIES**

Change in net assets	\$ 1,419,083
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and amortization	2,643
Contribution from acquisition	(1,098,848)
PPP loan forgiveness	(94,497)
Investment income, net	(249,419)
Decrease (increase) in:	
Accounts receivable	(22,102)
Other assets	(5,352)
Increase (decrease) in:	
Accounts payable	(352)
Deferred revenue	76,548
	27,704
Net cash provided by operating activities	27,704

**CASH FLOWS FROM INVESTING ACTIVITIES**

Investment in certificate of deposit	(95,035)
Acquisition of legacy Pensacola Sports Association	177,315
Purchase of equipment	(32,460)
	49,820
Net cash provided by investing activities	49,820

**CASH FLOWS FROM FINANCING ACTIVITIES**

Proceeds from PPP loan	94,497
	94,497
Net cash provided by financing activities	94,497

**NET INCREASE IN CASH** 172,021

**CASH AND CASH EQUIVALENTS, BEGINNING** 9,142

**CASH AND CASH EQUIVALENTS, ENDING** \$ 181,163

See notes to the financial statements

**PENSACOLA SPORTS ASSOCIATION, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021**

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

**Description of Organization**

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.

For the period October 1, 2020 through December 31, 2020, the Association was known as the Pensacola Sports Foundation, Inc. (the “Foundation”). Effective December 31, 2020, the Foundation completed an acquisition of the legacy organization, Pensacola Sports Association, Inc. Upon completion of the acquisition, the Foundation became an operating entity known as Pensacola Sports Association, Inc. The previous two separate entities are now operating as one organization. See Note 2 for further disclosure.

**Basis of Accounting**

The Association follows standards of accounting and financial reporting prescribed for nonprofit organizations using the accrual basis of accounting.

**Net Asset Classifications**

The Association’s net assets, revenues, gains and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets Without Donor Restrictions* – net assets available for use in general operations and not subject to donor or grantor restrictions.

*Net Assets With Donor Restrictions* – net assets subject to donor or grantor-imposed restrictions. Donor or grantor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled or both.

The Association had only net assets without donor restrictions at year end.

**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.

**Cash and Cash Equivalents**

For purposes of the statement of cash flows, the Association considers all highly liquid investments purchased within three months of maturity to be cash equivalents.

**Investments**

Investments consist primarily of equity securities and stocks and are reported at their readily determinable fair values, which is based on quoted market prices in active markets. Realized and unrealized gains and losses are reported in the statement of activities and changes in net assets. The Association does not have any investments without readily determinable fair values.

**PENSACOLA SPORTS ASSOCIATION, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021**

---

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

**Accounts Receivable**

Accounts receivable represents amounts due from grant reimbursements, sponsorships and memberships. Accounts receivable are stated at the amount expected to be collected from outstanding balances. No provision for uncollectible accounts is considered necessary.

**Revenue Recognition**

Under accounting standards, earned revenue measurement is driven via a principles-based process that requires the entity 1) identify the contract with the customer; 2) identify the performance obligations in the contract; 3) determine the transaction price; 4) allocate the transaction price to the performance obligations; and 5) recognize revenue when (or as) performance obligations are satisfied.

Program and membership fees are recognized as services are performed or by the passage of time. Advance fees for programs are reported as deferred revenue and are recognized as program fee revenue when the performance obligation is satisfied, which is the date of the program. Contributions are recognized as revenues in the period verifiably committed by the donor. Tourist development grant funds from Visit Pensacola, Inc. are recognized as the expenses are incurred.

**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. Expenditures for additions and major renewals are capitalized. Expenditures for maintenance and repair are expensed. Depreciation is calculated using the straight-line method based on the estimated useful lives of the individual assets. Estimated useful lives are:

Vehicles	5 - 7 years
Office Equipment	5 - 7 years

**Functional Allocation of Expenses**

The costs of program and supporting services have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. 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. General and administrative expenses include those expenses not directly identifiable to a specific program or event. Payroll and payroll tax expenses are allocated on the basis of estimates of time and effort.

**Donated Materials and Services**

Donated materials and services are reflected in the financial statements at the fair market 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 receives in-kind donations for advertising, land usage and refreshments at sponsored events. Total in-kind donations amounted to \$120,734 for the year ended September 30, 2021.

**PENSACOLA SPORTS ASSOCIATION, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021**

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

**Donated Materials and Services – Continued**

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)(3) of the Internal Revenue Code as a private foundation. Accordingly, no provision for federal or state income taxes have been recorded. 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 990PF, with the IRS and is subject to excise tax on investment income. The Association is not aware of any uncertain tax positions that would require disclosure or accrual in accordance with accounting principles generally accepted in the United States of America.

**Subsequent Events**

The Association has evaluated events and transactions that occurred between September 30, 2021 and January 31, 2022, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

**2. ACQUISITION**

On December 31, 2020, the Association (formerly known as the Foundation) acquired the following identifiable assets and liabilities of the organization formerly known as the Pensacola Sports Association, Inc. (see discussion in Note 1):

Assets:

Cash	\$ 177,315
Certificates of deposits	51,817
Accounts receivable	158,922
Investments	786,078
Other current assets	6,079
	<u>1,180,211</u>

Liabilities:

Deferred revenue	(552)
Accounts payable	(80,811)
	<u>(81,363)</u>

Contribution from acquisition	<u>\$ 1,098,848</u>
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No consideration was paid for the identifiable assets and liabilities, and accordingly, a contribution is recognized on the statement of activities and changes in net assets.

**PENSACOLA SPORTS ASSOCIATION, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021**

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### 3. INVESTMENTS

Generally accepted accounting principles require not-for-profit corporations to report investments at fair value, which 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. The fair value standards also establish a fair value hierarchy, which requires an organization to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A fair market value hierarchy prioritizes the inputs used to measure fair value. Three levels of inputs that may be used to measure fair value are as follows:

Level 1 – Inputs utilize quoted prices in active markets for identical assets or liabilities

Level 2 – Inputs utilize data points that are observable such as quoted prices and interest rates. Level 2 inputs include, but are not limited to quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets in markets that are not active.

Level 3 – Inputs are unobservable data points for the asset and liability and include situations where there is little, if any, market activity for the asset or liability.

The fair value of the Association's investments has been determined based on quoted market price of identical assets (Level 1). The fair market value of the investments held by the Association as of September 30, 2021, were:

Equity securities	\$ 1,350,880
Money market	186,704
Fixed income	40,926
Stocks	<u>880,534</u>
	<u>\$ 2,459,044</u>

### 4. TOURIST DEVELOPMENT GRANT

The grant agreement between Visit Pensacola, Inc. and the Association requires a separate bank account be maintained for all tourist development grant funds received and disbursed. This bank account is included in the cash and cash equivalents line of the statement of financial position. The Association was reimbursed for the following expenses under the grant:

Costs incurred prior to January 1, 2021 ( <i>unaudited</i> )	\$ 236,819
Costs incurred after January 1, 2021	<u>418,107</u>
	<u>\$ 654,926</u>

**PENSACOLA SPORTS ASSOCIATION, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021**

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**5. OPERATING LEASES**

The Association rents office equipment through certain operating lease arrangements. Expected future payments are as follows:

2022	\$	6,553
2023		6,553
2024		<u>4,173</u>
	\$	<u>17,279</u>

**6. CONCENTRATIONS AND CREDIT RISK**

**Support**

The Association receives a significant portion of sports marketing grant revenue from Visit Pensacola, Inc. Non-renewal of this grant agreement would impact the activities of the Association. Visit Pensacola, Inc. grant money is generated from Escambia County tourist development commission bed tax. Future funding is highly dependent on tourism.

**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, 2021, 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.

**7. PAYROLL PROTECTION PROGRAM**

In January 2021, the Association received a loan in the amount of \$94,497 under the Paycheck Protection Program (PPP) established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Under the terms of the PPP, up to 100% of the loan and related interest may be forgiven if the proceeds are used for covered expenses, and certain other requirements related to wage rates and maintenance of full-time equivalents are met. The Association applied for and received forgiveness of \$94,497 in June 2021. Accordingly, the amount is recognized as nonoperating revenue for the year ending September 30, 2021.

**PENSACOLA SPORTS ASSOCIATION, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
SEPTEMBER 30, 2021**

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**8. LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Association regularly monitors liquidity required to meet its operating needs and other contractual commitments. In addition to financial assets available to meet general expenditures over the 12 next months, the Association anticipates collecting sufficient revenue to cover general expenditures. The following reflects the Association's financial assets as of the statement of financial position date, available for general use within one year.

Cash and cash equivalents	\$ 181,163
Accounts receivable, collected in less than one year	<u>186,709</u>
Financial assets available to meet cash needs for expenditures within one year	<u><u>\$ 367,872</u></u>



**Carlson & Company, Chartered**  
Certified Public Accountants

**Pensacola Sports Association, Inc.**

Pensacola, Florida

Audited Financial Statements

September 30, 2020

**Pensacola Sports Association, Inc.**

Pensacola, Florida

Audited Financial Statements

September 30, 2020

Contents

	<u>Page</u>
<b>Independent Auditors' Report</b>	1
<b>Financial Statements</b>	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to the Financial Statements	7



**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, 2020, and the related statements of activities, functional expenses, 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.

***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, 2020, 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 29, 2021

*Carlson & Company*

**Pensacola Sports Association, Inc.**

Statement of Financial Position

September 30, 2020

ASSETS	Operating Activites	Sports Marketing Activities	Total
	<u>          </u>	<u>          </u>	<u>          </u>
Current assets:			
Cash and cash equivalents	\$ 144,165	\$ 1,603	\$ 145,768
Accounts receivable	36,095	131,033	167,128
Prepaid expense	6,385	-	6,385
Intercompany due from/(to)	132,603	(132,603)	-
Total current assets	<u>319,248</u>	<u>33</u>	<u>319,281</u>
Other assets:			
Certificates of deposit	103,621	-	103,621
Goodwill (net of amortization)	74,849	-	74,849
Investments	632,300	-	632,300
Total other assets	<u>810,770</u>	<u>-</u>	<u>810,770</u>
Property and equipment:			
PSA building	423,757	-	423,757
Office equipment	51,872	6,390	58,262
Vehicles	13,248	-	13,248
Total property and equipment, at cost	<u>488,877</u>	<u>6,390</u>	<u>495,267</u>
Less accumulated depreciation	(471,733)	(6,390)	(478,123)
Property and equipment, net	<u>17,144</u>	<u>-</u>	<u>17,144</u>
 Total assets	 <u>\$ 1,147,162</u>	 <u>\$ 33</u>	 <u>\$ 1,147,195</u>
 LIABILITIES AND NET ASSETS			
Current liabilities:			
Accounts payable	\$ 72,507	\$ -	\$ 72,507
Escrow liabilities	4,000	-	4,000
Deferred revenue - event prepayments	58,991	-	58,991
Total liabilities	<u>135,498</u>	<u>-</u>	<u>135,498</u>
Net assets:			
Net assets without donor restrictions	<u>1,011,664</u>	<u>33</u>	<u>1,011,697</u>
Total liabilities and net assets	<u>\$ 1,147,162</u>	<u>\$ 33</u>	<u>\$ 1,147,195</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, 2020

	<u>Operating Activities</u>	<u>Sports Marketing Activities</u>	<u>Total</u>
Change in net assets without donor restrictions:			
Revenues and support:			
Corporate sponsorships	\$ 280,203	\$ -	\$ 280,203
Program revenues	419,853	-	419,853
Escambia Co. tourist development contract	-	676,833	676,833
In-kind donation	62,378	-	62,378
In-kind land lease	33,600	-	33,600
Membership dues	19,509	-	19,509
Interest and dividends	20,735	-	20,735
Recognized gain on investments	46,271	-	46,271
Realized loss on investments	(29,712)	-	(29,712)
Total revenues	<u>852,837</u>	<u>676,833</u>	<u>1,529,670</u>
Expenses:			
Management and general expenses	236,208	-	236,208
Program related expenses	378,268	676,833	1,055,101
Fundraising expenses	773	-	773
In-kind donations	62,378	-	62,378
In-kind land lease	33,600	-	33,600
Total expenses	<u>711,227</u>	<u>676,833</u>	<u>1,388,060</u>
Change in net assets without donor restrictions	141,610	-	141,610
Net assets, beginning of year	<u>870,054</u>	<u>33</u>	<u>870,087</u>
Net assets, end of year	<u>\$ 1,011,664</u>	<u>\$ 33</u>	<u>\$ 1,011,697</u>

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

**Pensacola Sports Association, Inc.**  
Statement of Functional Expenses  
For the year ended September 30, 2020

	Operating Program Expenses	Sports Marketing Program Expenses	Total Program Expenses	General and Administrative Expenses	Fundraising Expenses	Totals
Accounting and audit	\$ -	\$ 9,500	\$ 9,500	\$ -	\$ -	\$ 9,500
Advertising	5,125	137,825	142,950	-	-	142,950
Amortization of goodwill	6,804	-	6,804	-	-	6,804
Computer upgrades and supplies	-	-	-	2,048	-	2,048
Conferences, conventions, and meetings	10,116	-	10,116	15,621	-	25,737
Depreciation	-	-	-	7,404	-	7,404
Donations and scholarships	40,676	-	40,676	-	-	40,676
Employee benefits	-	-	-	57,529	-	57,529
Equipment and facility rentals	31,031	-	31,031	-	-	31,031
Fundraising & member promotion	-	-	-	3,650	773	4,423
Insurance	-	-	-	17,759	-	17,759
Legal	-	-	-	2,998	-	2,998
Miscellaneous expenses	2,470	-	2,470	2,918	-	5,388
Occupancy expenses	-	6,990	6,990	19,360	-	26,350
Office expense	17,430	22,713	40,143	10,728	-	50,871
Fees for services (non-employees)	57,429	-	57,429	-	-	57,429
Payroll and payroll tax expense	-	317,532	317,532	125,318	-	442,850
Prizes and awards	179,411	-	179,411	-	-	179,411
Supplies	18,276	-	18,276	-	-	18,276
Tourist development hosting & bids	-	138,749	138,749	-	-	138,749
Travel expense	9,500	10,216	19,716	4,183	-	23,899
Overhead allocation	-	33,308	33,308	(33,308)	-	-
Totals	<u>\$ 378,268</u>	<u>\$ 676,833</u>	<u>\$ 1,055,101</u>	<u>\$ 236,208</u>	<u>\$ 773</u>	<u>\$ 1,292,082</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, 2020

	<u>Operating Activities</u>	<u>Sports Marketing Activities</u>	<u>Total</u>
<b>Cash flow from operating activities:</b>			
Change in net assets without donor restrictions	\$ 141,610	\$ -	\$ 141,610
Reconciliation of change in net assets to net cash provided (used) by operating activities:			
Depreciation expense	7,404	-	7,404
Amortization expense	6,804	-	6,804
Change in accounts receivable	2,705	(10,752)	(8,047)
Change in prepaid expenses	16,982	-	16,982
Change in accounts payable	45,475	(5,249)	40,226
Change in deferred revenue	(4,683)	-	(4,683)
Change in escrow liability	4,000	-	4,000
Interest & dividends from investments and CDs	(20,735)	-	(20,735)
Recognized loss on investments	(46,271)	-	(46,271)
Realized loss on investments	29,712	-	29,712
Cash provided (used) by operating activities	<u>183,003</u>	<u>(16,001)</u>	<u>167,002</u>
<b>Cash flows from investing activities:</b>			
Increase in investment funds	(50,000)	-	(50,000)
Purchase of fixed assets	(955)	-	(955)
Cash (used) by investing activities	<u>(50,955)</u>	<u>-</u>	<u>(50,955)</u>
<b>Cash flows from financing activities:</b>			
Change in intercompany loans	(17,367)	17,367	-
Cash provided (used) by financing activities	<u>(17,367)</u>	<u>17,367</u>	<u>-</u>
Net increase (decrease) in cash	114,681	1,366	116,047
Cash at beginning of year	<u>29,484</u>	<u>237</u>	<u>29,721</u>
Cash at end of year	<u>\$ 144,165</u>	<u>\$ 1,603</u>	<u>\$ 145,768</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, 2020

**NOTE 1 – SCOPE AND PURPOSE**

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**

**Net Asset Classifications**

The Association presents its financial statements in a fund accounting format. The Association’s sports marketing activities funded by tourist development grant funds are shown separate from the regular operating activities. Net assets, revenues, gains and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets With Donor Restrictions* – net assets subject to donor or grantor imposed restrictions. Donor or grantor imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

*Net Assets Without Donor Restrictions* – net assets available for use in general operations and not subject to donor or grantor restrictions.

The Association had only net assets without donor restrictions at year end.

**Cash Equivalents**

For purposes of the statement of cash flows, cash consists of cash on hand and cash in operating and sports marketing 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. Expenditures for additions and major renewals are capitalized. Expenditures for maintenance and repair are expensed. 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

**Pensacola Sports Association, Inc.**

Notes to the Financial Statements

September 30, 2020

(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, membership dues, corporate sponsorships and tourist development funds from Visit Pensacola, Inc.

The Association has adopted the provisions of the Financial Accounting Standards Board (FASB) guidance in Topic 606, *Revenue from Contracts with Customers*, in the Accounting Standards Codification (ASC). The Organization follows the principle that revenue is recognized when it transfers promised goods or services to customers in an amount that reflects the consideration to which the Organization expects to be entitled in exchange for those goods or services. Adoption of the provisions did not have an impact on these financial statements.

**Functional Allocation of Expenses**

The costs of program and supporting services have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. 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. General and administrative expenses include those expenses not directly identifiable to a specific program or event. Payroll and payroll tax expenses are allocated on the basis of estimates of time and effort.

**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 receives in-kind donations for advertising, land usage, and refreshments at sponsored events.

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.

**Pensacola Sports Association, Inc.**

Notes to the Financial Statements

September 30, 2020

(Continued)

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**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 (IRS) 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 IRS. All required filings are current and are subject to examination by the IRS, generally for three years after they are filed.

**Date of Management’s Review**

Management has evaluated subsequent events for potential recognition and/or disclosure in the September 30, 2020 financial statements through January 29, 2021, the date the financial statements were available to be issued.

**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, 2020, were:

	<u>Cost</u>	<u>Fair Value</u>
Money funds	40,266	40,266
Savings and time deposits	31,938	31,938
Corporate bonds	32,791	39,288
Mutual funds	194,268	213,398
Trak advisory service	269,979	307,410
Subtotal	<u>569,242</u>	<u>632,300</u>
Unrealized gain on investments	63,058	-
Total Investments	<u><u>\$ 632,300</u></u>	<u><u>\$ 632,300</u></u>

**Pensacola Sports Association, Inc.**

Notes to the Financial Statements

September 30, 2020

(Continued)

**NOTE 4 – CONCENTRATION OF SUPPORT**

The Association receives a significant portion of sports marketing grant revenue from Visit Pensacola, Inc. Non-renewal of this grant agreement would impact the activities of the Association. Visit Pensacola, Inc. grant money is generated from Escambia County tourist development commission bed tax. Future funding is highly dependent on tourism.

**NOTE 5 – GRANT REQUIREMENTS**

The grant agreement between Visit Pensacola, Inc. and the Association requires a separate bank account be maintained for all tourist development grant funds received and disbursed. This bank account is included in the cash and cash equivalents line of the statement of financial position in the sports marketing activities fund column.

**NOTE 6 – OPERATING LEASE OBLIGATION**

The Association acquired a copy machine and a network communications system through separate operating lease arrangements. Monthly payments are \$569 per month, combined. The remaining minimum non-cancelable commitment of \$4,586 under the lease arrangements are scheduled to be paid in full during fiscal year ending September 30, 2021.

**NOTE 7 – 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 8 – 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, 2020, 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.

**NOTE 9 – GOODWILL**

In 2016, the Association purchased the Pensacola Bud Light Fishing Rodeo. Total cost to the Association was \$103,266. Of this amount, \$1,200 was allocated to specified tangible assets. The remaining cost of \$102,066 was capitalized as goodwill and is being amortized over 15 years. The balance shown on the statement of financial position as of September 30, 2020 is \$74,848, net of accumulated amortization of \$27,217.

**Pensacola Sports Association, Inc.**

Notes to the Financial Statements

September 30, 2020

(Continued)

**NOTE 10 – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Association regularly monitors liquidity required to meet its operating needs and other contractual commitments. In addition to financial assets available to meet general expenditures over the next months, the Association anticipates collecting sufficient revenue to cover general expenditures. The following reflects the Association's financial assets as of the statement of financial position date, available for general use within one year.

Cash and cash equivalents	\$ 145,768
Accounts receivable	<u>167,128</u>
Financial assets available to meet cash needs for general expenditure within one year	<u><u>\$ 312,896</u></u>

**NOTE 11 – SUBSEQUENT EVENTS**

Subsequent to year end the Association's Board of Directors approved a plan of merger with Pensacola Sports Association Foundation, Inc. (the PSA Foundation). The effective date of the merger is December 31, 2020. The PSA Foundation is a nonprofit organization tax exempt under section 501(c)(3) of the Internal Revenue Code as a private foundation.



**Carlson & Company, Chartered**  
Certified Public Accountants

**Pensacola Sports Association, Inc.**

Pensacola, Florida

Audited Financial Statements

September 30, 2019

**Pensacola Sports Association, Inc.**

Pensacola, Florida

Audited Financial Statements

September 30, 2019

Contents

	<u>Page</u>
<b>Independent Auditors' Report</b>	1
<b>Financial Statements</b>	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to the Financial Statements	7



**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, 2019, and the related statements of activities, functional expenses, 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.

***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, 2019, 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 21, 2020

*Carlson & Company*

**Pensacola Sports Association, Inc.**

Statement of Financial Position

September 30, 2019

ASSETS	Operating Activites	Sports Marketing Activities	Total
	<u>          </u>	<u>          </u>	<u>          </u>
Current assets:			
Cash and cash equivalents	\$ 29,484	\$ 237	\$ 29,721
Accounts receivable	38,801	120,281	159,082
Prepaid expense	23,367	-	23,367
Intercompany due from/(to)	115,236	(115,236)	-
Total current assets	<u>206,888</u>	<u>5,282</u>	<u>212,170</u>
Other assets:			
Certificates of deposit	102,295	-	102,295
Goodwill (net of amortization)	81,653	-	81,653
Investments	546,332	-	546,332
Total other assets	<u>730,280</u>	<u>-</u>	<u>730,280</u>
Property and equipment:			
PSA building	423,757	-	423,757
Office equipment	52,777	6,390	59,167
Vehicles	29,596	-	29,596
Total property and equipment, at cost	<u>506,130</u>	<u>6,390</u>	<u>512,520</u>
Less accumulated depreciation	(482,537)	(6,390)	(488,927)
Property and equipment, net	<u>23,593</u>	<u>-</u>	<u>23,593</u>
Total assets	<u>\$ 960,761</u>	<u>\$ 5,282</u>	<u>\$ 966,043</u>
 LIABILITIES AND NET ASSETS			
Current liabilities:			
Accounts payable	\$ 27,033	\$ 5,249	\$ 32,282
Deferred revenue - event prepayments	63,674	-	63,674
Total liabilities	<u>90,707</u>	<u>5,249</u>	<u>95,956</u>
Net assets:			
Net assets without donor restrictions	<u>870,054</u>	<u>33</u>	<u>870,087</u>
Total liabilities and net assets	<u>\$ 960,761</u>	<u>\$ 5,282</u>	<u>\$ 966,043</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, 2019

	<u>Operating Activities</u>	<u>Sports Marketing Activities</u>	<u>Total</u>
Change in net assets without donor restrictions:			
Revenues and support:			
Corporate sponsorships	\$ 258,913	\$ -	\$ 258,913
Program revenues	575,363	-	575,363
Escambia Co. tourist development contract	-	874,533	874,533
In-kind donation	165,963	-	165,963
In-kind land lease	33,600	-	33,600
Membership dues	7,650	-	7,650
Interest and dividends	24,213	118	24,331
Recognized loss on investments	(3,669)	-	(3,669)
Realized gain on investments	(3,250)	-	(3,250)
Total revenues	<u>1,058,783</u>	<u>874,651</u>	<u>1,933,434</u>
Expenses:			
Management and general expenses	265,683	-	265,683
Program related expenses	512,859	874,651	1,387,510
Fundraising expenses	2,021	-	2,021
In-kind donations	165,963	-	165,963
In-kind land lease	33,600	-	33,600
Total expenses	<u>980,126</u>	<u>874,651</u>	<u>1,854,777</u>
Change in net assets without donor restrictions	78,657	-	78,657
Net assets, beginning of year	<u>791,397</u>	<u>33</u>	<u>791,430</u>
Net assets, end of year	<u>\$ 870,054</u>	<u>\$ 33</u>	<u>\$ 870,087</u>

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

**Pensacola Sports Association, Inc.**  
Statement of Functional Expenses  
For the year ended September 30, 2019

	Operating Program Expenses	Sports Marketing Program Expenses	Total Program Expenses	General and Administrative Expenses	Fundraising Expenses	Totals
Accounting and audit	\$ -	\$ 9,000	\$ 9,000	\$ -	\$ -	\$ 9,000
Advertising	7,681	80,502	88,183	-	-	88,183
Amortization of goodwill	6,804	-	6,804	-	-	6,804
Computer upgrades and supplies	-	-	-	1,929	-	1,929
Conferences, conventions, and meetings	31,295	-	31,295	17,861	-	49,156
Depreciation	-	-	-	7,251	-	7,251
Donations and scholarships	21,691	-	21,691	-	-	21,691
Employee benefits	-	-	-	52,241	-	52,241
Equipment and facility rentals	63,291	-	63,291	-	-	63,291
Fundraising & member promotion	-	-	-	8,866	2,021	10,887
Insurance	-	-	-	17,779	-	17,779
Legal	-	-	-	3,396	-	3,396
Miscellaneous expenses	15,453	-	15,453	4,769	-	20,222
Occupancy expenses	-	8,621	8,621	16,889	-	25,510
Office expense	14,617	18,284	32,901	17,576	-	50,477
Fees for services (non-employees)	94,214	-	94,214	-	-	94,214
Payroll and payroll tax expense	-	275,000	275,000	143,210	-	418,210
Prizes and awards	219,147	-	219,147	-	-	219,147
Supplies	29,711	-	29,711	-	-	29,711
Tourist development hosting & bids	-	430,444	430,444	-	-	430,444
Travel expense	8,955	20,216	29,171	6,500	-	35,671
Overhead allocation	-	32,584	32,584	(32,584)	-	-
Totals	<u>\$ 512,859</u>	<u>\$ 874,651</u>	<u>\$ 1,387,510</u>	<u>\$ 265,683</u>	<u>\$ 2,021</u>	<u>\$ 1,655,214</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, 2019

	<u>Operating Activities</u>	<u>Sports Marketing Activities</u>	<u>Total</u>
<b>Cash flow from operating activities:</b>			
Change in net assets without donor restrictions	\$ 78,657	\$ -	\$ 78,657
Reconciliation of change in net assets to net cash provided (used) by operating activities:			
Depreciation expense	7,251	-	7,251
Amortization expense	6,804	-	6,804
Change in accounts receivable	(29,725)	(42,798)	(72,523)
Change in prepaid expenses	4,373	21,261	25,634
Change in accounts payable	4,194	4,139	8,333
Change in deferred revenue	(12,385)	-	(12,385)
Change in escrow liability	(2,500)	-	(2,500)
Interest & dividends from investments and CDs	(24,213)	-	(24,213)
Recognized loss on investments	3,669	-	3,669
Realized loss on investments	3,250	-	3,250
Cash provided (used) by operating activities	<u>39,375</u>	<u>(17,398)</u>	<u>21,977</u>
<b>Cash flows from investing activities:</b>			
Purchase of fixed assets	<u>(7,152)</u>	<u>-</u>	<u>(7,152)</u>
Cash (used) by investing activities	<u>(7,152)</u>	<u>-</u>	<u>(7,152)</u>
<b>Cash flows from financing activities:</b>			
Change in intercompany loans	<u>(17,430)</u>	<u>17,430</u>	<u>-</u>
Cash provided (used) by financing activities	<u>(17,430)</u>	<u>17,430</u>	<u>-</u>
Net increase (decrease) in cash	14,793	32	14,825
Cash at beginning of year	<u>14,691</u>	<u>205</u>	<u>14,896</u>
Cash at end of year	<u>\$ 29,484</u>	<u>\$ 237</u>	<u>\$ 29,721</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, 2019

**NOTE 1 - SCOPE AND PURPOSE**

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**

**Net Asset Classifications**

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The Association had only net assets without donor restrictions at year end.

**Cash Equivalents**

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

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

**Pensacola Sports Association, Inc.**

Notes to the Financial Statements

September 30, 2019

(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, membership dues, corporate sponsorships and tourist development funds from Visit Pensacola, Inc.

**Functional Allocation of Expenses**

The costs of program and supporting services have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. 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. General and administrative expenses include those expenses not directly identifiable to a specific program or event. Payroll and payroll tax expenses are allocated on the basis of estimates of time and effort.

**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.

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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 receives in-kind donations for advertising, land usage, and refreshments at sponsored events.

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**Pensacola Sports Association, Inc.**

Notes to the Financial Statements

September 30, 2019

(Continued)

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Date of Management's Review**

Management has evaluated subsequent events for potential recognition and/or disclosure in the September 30, 2019 financial statements through January 21, 2020, the date the financial statements were available to be issued.

**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, 2019, were:

	<u>Cost</u>	<u>Fair Value</u>
Money funds	77,914	77,914
Common stocks	25,983	24,850
Corporate bonds	25,000	28,881
Fixed rate capital securities	7,791	9,170
Mutual funds	170,986	180,399
Trak advisory service	220,430	225,118
Subtotal	<u>528,104</u>	<u>546,332</u>
Unrealized gain on investments	18,228	-
Total Investments	<u><u>\$ 546,332</u></u>	<u><u>\$ 546,332</u></u>

**Pensacola Sports Association, Inc.**

Notes to the Financial Statements

September 30, 2019

(Continued)

**NOTE 4 – CONCENTRATION OF SUPPORT**

The Association receives a significant portion of sports marketing grant revenue from Visit Pensacola, Inc. Non-renewal of this grant agreement would impact the activities of the Association. Visit Pensacola, Inc. grant money is generated from Escambia County tourist development commission bed tax. Future funding is highly dependent on tourism.

**NOTE 5 – GRANT REQUIREMENTS**

The grant agreement between Visit Pensacola, Inc. and the Association requires a separate bank account be maintained for all tourist development grant funds received and disbursed. This bank account is included in the cash and cash equivalents line of the statement of financial position in the sports marketing activities fund column.

**NOTE 6 – OPERATING LEASE OBLIGATION**

The Association acquired a copy machine and a network communications system through separate operating lease arrangements. Monthly payments are \$569 per month, combined. The minimum non-cancelable commitments under the lease arrangements are:

Year ended September 30, 2020	\$ 6,828
Year ended September 30, 2021	<u>4,586</u>
	<u>\$ 11,414</u>

**NOTE 7 – 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 8 – 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, 2019, 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, 2019

(Continued)

**NOTE 9 – GOODWILL**

In 2016, the Association purchased the Pensacola Bud Light Fishing Rodeo. Total cost to the Association was \$103,266. Of this amount, \$1,200 was allocated to specified tangible assets. The remaining cost of \$102,066 was capitalized as goodwill and is being amortized over 15 years. The balance shown on the statement of financial position as of September 30, 2019 is \$81,653, net of accumulated amortization of \$20,414.

**NOTE 10 – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Association regularly monitors liquidity required to meet its operating needs and other contractual commitments. In addition to financial assets available to meet general expenditures over the next months, the Association anticipates collecting sufficient revenue to cover general expenditures. The following reflects the Association's financial assets as of the balance sheet date, available for general use within one year of the balance sheet date.

Cash and cash equivalents	\$ 29,721
Accounts receivable	<u>159,082</u>
Financial assets available to meet cash needs for general expenditure within one year	<u><u>\$ 188,803</u></u>

**18**

**United Way – 211**



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- X Submit a fully completed Agency Funding Request Application
- X Submit a copy of your organization's current W-9
- X Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- X Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- X Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: \_\_\_\_\_ United Way of West Florida \_\_\_\_\_

Agency Address: \_\_1301 West Government Street, Pensacola, FL\_\_\_\_\_

Program Name for which funding is being requested: \_\_\_\_\_211 Northwest Florida\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_40,000\_\_\_\_\_

Program Contact: \_\_Mike Martin\_\_\_\_\_

Contact Email: \_\_mike.martin@uwwf.org\_\_\_\_\_ Contact Phone: (850) 444-7112

25-Word Description of Program: 211 is a free information and referral service that connects individuals in need with resources that may be able to help them.

How many years has your organization been providing services in the County? \_\_\_\_99\_\_\_\_\_

How many years has your organization received funding from the County? \_\_\_\_11+ years\_\_\_\_\_

Explain how receiving funds from the County would have a significant impact on your organization: Funds from Escambia County will provide vital support for 211 Northwest Florida. This service is available by phone 24/7 365 days a year, and by chat/text Monday through Friday, 8:00-5:00. This program works closely with the county to provide residents with important information about health and human service resources in the community. 211 is critically important during a disaster because survivors are triaged and connected with resources that can help respond quickly to their needs, as well as assist with long-term recovery. 211's presence in the community reduces non-emergency calls to 911, local law enforcement, and emergency management..

## **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \_\_\_\_\_ \$20,982 \_\_\_\_\_

Briefly discuss how last year's funds were used? Last year's county funding was instrumental in maintaining the vital operations of 211 Northwest Florida, an Alliance for Information and Referral Services (AIRS) accredited program. 211 provides those living in, or visiting, Escambia and Santa Rosa counties a single point of access for information on human services to meet a wide variety of needs.

The funding from the county supported the salaries of the trained staff who manage and regularly update the database, and who answer the calls and texts, connecting people with the help they need.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? \_\_\_\_\_

In the 2022-23 fiscal year, 211 Northwest Florida received 33,381 contacts for help for the 8-county service area. (Two counties were added to the service area in October 2022.) Of those, 19,601 were from Escambia County, and represented 26,620 adults, 12,382 children, 5,930 seniors and 2,256 veterans in need. 211 Northwest Florida helped connect residents with resources that helped with utilities, food, rent/mortgage, health care, childcare, legal services, and more.

It is difficult to quantify the return on investment of this service. Individuals are connecting with resources, which means they can pay bills, access health care, and find support for their families. It is reasonable to assume that by connecting people with resources that ensure their basic needs are being met, mental health emergencies are mitigated. Because 211 serves Escambia County, 911 operators are not burdened by these calls, therefore 911 resources are being used for their intended purpose. These non-emergency calls also are not making their way to the Sheriff's Office, Fire Department or Emergency Services because 211 is answering them instead.

## **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? 211 Northwest Florida has been a vital, continuous free service for the residents of Escambia County, and those visiting the area, since 2010. The 211 database contains information on a multitude of services including medical/dental and/or prescription assistance, clothing, food, shelter/housing, mental health or substance abuse treatment, rent/mortgage/utilities assistance and even diapers. Fully accredited by AIRS, 211 Northwest Florida has trained and certified Information and Referral Specialists available 24/7 to connect local citizens to the resources they need. The funding from the county will be used to support the regular management and updating of the database; trained staff who answer the calls and texts to connect people with the help they need; and staff training. The importance of access to a human being 24 hours a day, 365 days a year cannot be emphasized enough. Information and Referral Specialists are always at the ready to help.

211 empowers individuals and families with the information they need to resolve or mitigate the challenges they are experiencing. Trained Information and Referral Specialists assess the needs of callers and, based on the information obtained, provide guidance as to which local resource(s) may be of assistance and how to access those services. 211's database has over 1814 active community and governmental resources. This number changes frequently as resources are updated and included in the database. Resource information is updated daily while all resources are formally updated annually as required by AIRS, the national accrediting body. As a member of AIRS we also have access to the National Data Platform, which has over 1 million verified resources. Local businesses and governmental partners accessing the database online can assist consumers, taxpayers and employees who may need help.

211's response during a disaster cannot be overstated. During a disaster, 211 activates and takes calls from individuals affected by the disaster. When people began losing their jobs due to COVID-19 in March 2020, 211 calls skyrocketed by 300% as people sought help with food, utilities, rent/mortgage and more. When Hurricane Sally hit the area in September 2020, call volume soared again. 211 ramped up to meet the need and was vital to connecting callers in the affected areas to safe shelter, food and water distribution sites, medication and health care resources, FEMA registration, tarps, and debris removal. 211 was present in the Emergency Operations Center (EOC) and was an integral part of processing calls for help and connecting survivors with assistance. It would be difficult for the county to handle the management of emergency operations while taking all the calls for assistance from residents. 211 is part of a national network and as such can access back-up when call volume exceeds the capacity of the local 211. 211 serves as an integral part of the triage process to ensure survivors' needs are recorded and directed to the resource that can assist them.

In addition to providing resource information to individuals in need, 211 keeps data on the calls, including the most frequently requested assistance; the zip code where the caller is from; whether an individual can access the service; and what services are requested but do not exist in the community, in other words, unmet needs. These statistics are critical to ensuring that services are in place to address the challenges faced by county residents.

In October 2022, 211 Northwest Florida began taking calls for the 988 Suicide Prevention Lifeline. All 211 Information and Referral Specialists are trained crisis counselors. The number of 988 calls continue to increase each month. To date, 211 Northwest Florida has a 99% answer rate for 988 calls, the best in the state of Florida.

Is your program a governmental function or requirement? If a governmental request, please cite regulatory/statutory requirement. Please explain: 211 is not a governmental function or requirement per se, however providing constituents with up-to-date information on local resources is an essential function of local government, which 211 helps fulfill. 211 partners with local government, FEMA and other disaster relief and recovery organizations during times of a natural and/or man-made disaster.

The investment in this service by the county is far less than the cost the county would incur should it take on this service itself.

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: There are no other organizations in the area that provide this type of service

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. 211 Northwest Florida is the only Nationally Accredited (AIRS) Information and Referral Service in the region. There is no other agency in the area that has the comprehensive database of community resources, operates round the clock every day of the year, or has an existing infrastructure in place with trained professionals. Since 2010, 211 has brought the community and organizations together to help people efficiently access services that helps meet their needs. The real time data captured are used to identify trends which highlight the greatest community needs and reveal gaps in services in the county. These data are critical for agencies, local government and policy makers as they seek to improve the county and the lives of its residents.

**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs:   100  %
- Percentage for direct programming costs:           %

If Escambia County funding can only fund a portion of your request, how will you offset the difference? 211 Northwest Florida depends on multiple funding sources to operate around the clock. In addition to funding from Escambia County, 211 receives financial support from the City of Pensacola, United Way of West Florida (UWWF), United Way of Northwest Florida, the Florida Department of Agriculture, the Florida Department of Health, NW Florida Health, Florida Department of Children and Families, corporate sponsors and private foundations. If the county is unable to fund the full amount of the request, UWWF will seek additional support from donor dollars or other funding sources. This may affect the amount of funding available for distribution to agencies through the Community Investment process.

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          

---

---

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. UWWF does not seek funding from other non-profits. Non-profit agencies receiving funding from UWWF conduct workplace campaigns, which allow their employees to donate to UWWF should they choose to do so.

**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1.Achieve at or above annual average of 95% customer satisfaction	95%	95%	95%	%

*Note – Customer Satisfaction is an outcome required to be measured for ongoing accreditation with AIRS				
2. Respond to 20,000 calls	20572	19724	19,601	%
3.				%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Achieve at or above annual average of 95% customer satisfaction	95%
2. Answer calls, connecting callers to resources that may help them (an estimated 40,000 individuals will be impacted by the resource information provided by 211)	20,000
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. Annual average rate of customer satisfaction for previous year	96.96%
2. Calls received in FY23	19,601
3.	

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$323,867	\$173,936	\$164,142
Programmatic Income	\$69,422	\$58,972	\$65,000
County Funding/Direct Contribution	\$22,087	\$20,982	\$40,000
County Funding by Other Source (a)	\$5,000	\$5,000	\$5,000
City Funding	\$10,000	\$10,000	\$10,000
Local Non-Profit Funding	\$5,000	\$5,000	\$5,000
State Funding	\$366,367	\$947,512	\$790,908
Federal Funding			
Memberships			
Investment Income			
Other Income (b)	\$6,000	\$20,000	\$20,000
Total Income	\$807,743	\$1,241,402	\$1,100,050

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

\_\_\_\_ Grant from Sheriff Department's law enforcement trust fund for the Street Survival Guide

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_ Santa Rosa County Government \_\_\_\_\_

\*Note that the budget includes income and expenses for the expansion of 211 including 24/7 staff in-house; becoming a 988 call center; and the addition of 2 counties to the service area.

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	17	29	27
Salaries and Wages	\$505,025	\$850,000	\$800,000
Employee Benefits	\$100,624	\$170,000	\$160,000
Professional Services	\$20,983	\$23,382	\$12,000
Contractual Services			
Travel Expenses	\$6,969	\$18,090	\$3,000
Rentals and Leases			\$34,000
Communication	\$39,693	\$17,000	\$10,000
Postage and Freight	\$3,391	\$276	\$250
Repair and Maintenance	\$30,969	\$44,064	\$30,000
Printing and Binding	\$11,718	\$8,526	\$10,000
Marketing and Promotion		33,000	
Fuel			
Supplies	\$1,119	\$634	\$800
Event Expenses			
Capitalizable Assets for County Funding (a)			
Other Expenses (b)	\$87,261	\$76,430	\$40,000
Total Expenses	\$807,752	\$1,241,402	\$1,100,050
Net Income - (Revenue minus Expense)	\$9.00	0	0

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

\_\_\_\_\_ n/a \_\_\_\_\_

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

Includes share of Insurance, Utilities, and Depreciation allocated to 211 NW Florida for use of the UWWF facilities

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? \_Fiscal year, 7/1 to 6/30\_

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. \_\_\_\_\_ expense table is programmatic and financials are organizational \_\_\_\_\_

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?

\_\_\_\_\_ n/a \_\_\_\_\_

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
Laura P. Gilliam	President/CEO	\$120,187
Tami Randel	Director of Finance	\$76,000
Susan Amburg	Director of Development	\$70,000
Mike Martin	Director of 211	\$60,000
Mary Zaledonis	Dir of Community Impact	\$52,000

5. Please provide the total amount of cash and investments on hand.

As of most recently completed audit, \$560,822 cash on hand. investments were \$1,053,159, including \$630,000 of Board Designated Reserve funds and \$366,935 of permanently endowed gifts, leaving \$56,233 of unrestricted investment.

6. Does your organization charge fees for services? If so, provide a list of fees charged.

\_\_\_\_\_no\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does your organization require background checks from volunteers and staff? \_\_\_yes, on staff\_\_\_\_\_

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is the net cost per job created? \_\_\_\_\_



# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**United Way of West Florida**

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.

**1301West Government Street**

Requester's name and address (optional)

6 City, state, and ZIP code

**Pensacola, FL 32502**

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				

or

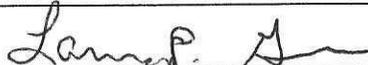
Employer identification number								
5	9			-	0	6	5	1
							0	7
								6

## 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 for Part II, later.

**Sign Here** Signature of U.S. person ► 

Date ► 1/11/2023

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.



Department of the Treasury  
Internal Revenue Service

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

In reply refer to: 4077989886  
Aug. 16, 2019 LTR 4168C 0  
59-0651076 000000 00

00025759  
BODC: TE

UNITED WAY OF WEST FLORIDA INC  
1301 W GOVERNMENT ST  
PENSACOLA FL 32502-5314

023582

Employer ID number: 59-0651076  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated July 03, 2019, about your tax-exempt status.

We issued you a determination letter in August 2005, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

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UNITED WAY OF WEST FLORIDA INC  
1301 W GOVERNMENT ST  
PENSACOLA FL 32502-5314

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

*Stephen A. Martin*

Stephen A. Martin  
Director, EO Rulings & Agreements

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

**2021**  
**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **07/01/21**, and ending **06/30/22**

<b>B</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	<b>C</b> Name of organization <p align="center"><b>United Way of West Florida, Inc.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1301 W. Government Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Pensacola FL 32502</b>	<b>D</b> Employer identification number <b>59-0651076</b> <b>E</b> Telephone number <b>850-434-3157</b> <b>G</b> Gross receipts \$ <b>2,552,931</b>
<b>F</b> Name and address of principal officer: <b>Laura Gilliam</b> <b>1301 W. Government St</b> <b>Pensacola FL 32502-5314</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>www.uwwf.org</b>		<b>L</b> Year of formation: <b>1944</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p align="center"><b>The mission of United Way of West Florida, Inc. is uniting our community and leveraging resources to improve lives.</b></p>				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>		
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>42</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>617</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>		
<b>Revenue</b>		<b>Prior Year</b>		<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>3,300,774</b>	<b>2,332,400</b>		
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,925</b>	<b>1,800</b>		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>934,776</b>	<b>64,276</b>		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>67,078</b>	<b>6,113</b>		
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,306,553</b>	<b>2,404,589</b>		
<b>Expenses</b>					
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>1,618,245</b>	<b>935,841</b>		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,467,737</b>	<b>1,242,658</b>		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>246,029</b>				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>484,574</b>	<b>469,889</b>		
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>3,570,556</b>	<b>2,648,388</b>		
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>735,997</b>	<b>-243,799</b>		
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>		<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>3,649,343</b>	<b>3,087,390</b>		
	<b>21</b> Total liabilities (Part X, line 26)	<b>920,662</b>	<b>787,465</b>		
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,728,681</b>	<b>2,299,925</b>		

**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.

<b>Sign Here</b>	Signature of officer <p align="center"><b>Laura Gilliam</b></p> Type or print name and title	Date	President/CEO
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Michael D. Thornton</b>	Preparer's signature	Date Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P00150049
	Firm's name ▶ <b>Brown Thornton Pacenta &amp; Company, PA</b> <b>P.O. Box 12484</b> <b>Pensacola, FL 32591</b>	Firm's EIN ▶ <b>59-3478013</b>	Phone no. <b>850-434-3146</b>

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**The mission of United Way of West Florida, Inc. is uniting our community and leveraging resources to improve lives.**

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 \$ **871,441** including grants of \$ **781,111** ) (Revenue \$ )

**See Schedule O**

4b (Code: ) (Expenses \$ **311,823** including grants of \$ **154,730** ) (Revenue \$ )

**Donors to the United Way of West Florida's Fall 2022 campaign designated \$154,730 of their contributions to specific agencies and/or their programs. To the extent possible, United Way tries to ensure that all designations stay local in our service area, Escambia and Santa Rosa Counties. The revenues generated from designation distributions represent the fees United Way assesses to recipient agencies to offset the costs of fundraising and management related to these designations.**

4c (Code: ) (Expenses \$ **718,648** including grants of \$ ) (Revenue \$ )

**See Schedule O**

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

(Expenses \$ **98,863** including grants of \$ ) (Revenue \$ **1,800** )

4e Total program service expenses **2,000,775**

**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>	<b>X</b>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		<b>X</b>
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>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> 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>		<b>X</b>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
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>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
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>		<b>X</b>
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>	<b>X</b>	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
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>	<b>X</b>	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
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>		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
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>	<b>X</b>	
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>		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
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>	<b>X</b>	

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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	<b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	8
1b	0

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

Yes No

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>42</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	24		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
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	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
13			
14	Did the organization have a written document retention and destruction policy?	X	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process on 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
16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

**Laura Gilliam** 1301 W. Government St **FL 32502-5314 850-434-3157**  
**Pensacola**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) Laura Gilliam President/CEO	45.00 0.00			X				118,461	0	10,992
(2) Tom Hilton CFO	45.00 0.00			X				78,905	0	11,484
(3) Megan Burke Marketing	1.00 0.00	X						0	0	0
(4) Matt Couch Director	1.00 0.00	X						0	0	0
(5) Tammy Davies Director	2.00 0.00	X						0	0	0
(6) Cedric Durre Director	1.00 0.00	X						0	0	0
(7) Peter Dyson Director	1.00 0.00	X						0	0	0
(8) D.J. Echols Director	1.00 0.00	X						0	0	0
(9) Donna Edwards Nominating Committee	1.00 0.00	X						0	0	0
(10) John Floyd Director	1.00 0.00	X						0	0	0
(11) Johanna Freeman Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) <b>KC Gartman</b>	1.00									
<b>Director</b>	0.00	X					0	0	0	
(13) <b>Jessica Griffen</b>	1.00									
<b>Director</b>	0.00	X					0	0	0	
(14) <b>Clare Haenszel</b>	1.00									
<b>Treasurer</b>	0.00	X					0	0	0	
(15) <b>Larry Heringer</b>	1.00									
<b>Director</b>	0.00	X		X			0	0	0	
(16) <b>Tony Kisner</b>	1.00									
<b>Secretary</b>	0.00	X					0	0	0	
(17) <b>Wanda Kotick</b>	1.00									
<b>Director</b>	0.00	X					0	0	0	
(18) <b>Jack Lowrey</b>	1.00									
<b>Immediate Past Chair</b>	0.00	X					0	0	0	
(19) <b>Barbara Macneil</b>	1.00									
<b>Director</b>	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>197,366</b>		<b>22,476</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>197,366</b>		<b>22,476</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a	12,000				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	745,255				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,575,145				
	g Noncash contributions included in lines 1a-1f	1g	\$ 410				
	<b>h Total. Add lines 1a-1f</b>			<b>2,332,400</b>			
				Business Code			
<b>Program Service Revenue</b>	2a Discounted Agency Rental		1,800	1,800			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			<b>1,800</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		18,154	18,154			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	<b>d Net rental income or (loss)</b>						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a		194,464			
		b Less: cost or other basis and sales exps.	7b	148,342			
	c Gain or (loss)	7c	46,122				
	<b>d Net gain or (loss)</b>			<b>46,122</b>	<b>46,122</b>		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
<b>c Net income or (loss) from fundraising events</b>							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
<b>c Net income or (loss) from gaming activities</b>							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
<b>c Net income or (loss) from sales of inventory</b>							
			Business Code				
<b>Miscellaneous Revenue</b>	11a Designation Fee Income		3,516	3,516			
	b Other Income, Net		2,385	2,385			
	c Merchandise Sales, Net		212	212			
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>			<b>6,113</b>			
<b>12 Total revenue. See instructions</b>			<b>2,404,589</b>	<b>72,189</b>	<b>0</b>	<b>0</b>	

**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	919,841	919,841		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	16,000	16,000		
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	197,367	117,572	50,210	29,585
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	821,474	489,352	208,983	123,139
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,665	9,332	3,985	2,348
9	Other employee benefits	114,551	68,238	29,142	17,171
10	Payroll taxes	93,601	55,758	23,812	14,031
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	18,000		18,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,018		7,018	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	56,050	41,869	6,114	8,067
12	Advertising and promotion				
13	Office expenses	50,347	21,515	12,415	16,417
14	Information technology				
15	Royalties				
16	Occupancy	90,889	61,938	12,922	16,029
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,059	23,827	5,821	1,411
20	Interest	422		422	
21	Payments to affiliates	39,695	39,695		
22	Depreciation, depletion, and amortization	34,796	23,704	6,005	5,087
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Repairs	80,338	59,833	12,693	7,812
b	Telephone	50,121	44,811	2,209	3,101
c	Dues	11,154	7,490	1,833	1,831
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,648,388	2,000,775	401,584	246,029
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	1,114,655	1	509,517	
	2	Savings and temporary cash investments	304,265	2	301,334	
	3	Pledges and grants receivable, net	589,362	3	629,609	
	4	Accounts receivable, net	245,641	4	370,484	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	1,716	8	2,292	
	9	Prepaid expenses and deferred charges	79,603	9	75,752	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,372,894		
	b	Less: accumulated depreciation	10b	977,622	10c	395,272
	11	Investments—publicly traded securities	930,862	11	803,130	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,649,343	16	3,087,390		
Liabilities	17	Accounts payable and accrued expenses	70,029	17	56,146	
	18	Grants payable	742,947	18	551,580	
	19	Deferred revenue	76,503	19	111,976	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	31,183	21	67,763	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	<b>Total liabilities.</b> Add lines 17 through 25	920,662	26	787,465	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	1,922,679	27	1,713,203	
	28	Net assets with donor restrictions	806,002	28	586,722	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances</b>	2,728,681	32	2,299,925		
33	<b>Total liabilities and net assets/fund balances</b>	3,649,343	33	3,087,390		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,404,589
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,648,388
3	Revenue less expenses. Subtract line 2 from line 1	3	-243,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,728,681
5	Net unrealized gains (losses) on investments	5	-184,957
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,299,925

**Part XII Financial Statements and Reporting**

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

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

**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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) Amy Miller	2.00									
Chair	0.00	X						0	0	
(21) Kim LeDuff, Ph.D.	1.00									
Director	0.00	X						0	0	
(22) Todd Philips	1.00									
Vice chair	0.00	X						0	0	
(23) Chris Scales	1.00									
Director	0.00	X						0	0	
(24) Dan Schebler	1.00									
Director	0.00	X						0	0	
(25) Timothy Stronko	1.00									
Director	0.00	X						0	0	
(26) Patrice Whitten	1.00									
Development Chair	0.00	X						0	0	
(27) Brian Wyer	1.00									
Director	0.00	X						0	0	
1b Subtotal										
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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

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

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

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

**SCHEDULE A  
(Form 990)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**United Way of West Florida, Inc.**

Employer identification number

**59-0651076**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,681,954	3,155,772	3,190,751	3,300,774	2,332,400	14,661,651
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 <b>Total.</b> Add lines 1 through 3	2,681,954	3,155,772	3,190,751	3,300,774	2,332,400	14,661,651
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 <b>Public support.</b> Subtract line 5 from line 4						14,661,651

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,681,954	3,155,772	3,190,751	3,300,774	2,332,400	14,661,651
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,774	23,917	23,907	17,854	18,154	108,606
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 <b>Total support.</b> Add lines 7 through 10						14,770,257
12 Gross receipts from related activities, etc. (see instructions)					12	572,715
13 <b>First 5 years.</b> 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 2021 (line 6, column (f) divided by line 11, column (f))	14	99.26%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.30%
16a <b>33 1/3% support test—2021.</b> 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 <b>33 1/3% support test—2020.</b> 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 <b>10%-facts-and-circumstances test—2021.</b> 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 <b>10%-facts-and-circumstances test—2020.</b> 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 <b>Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on 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 on 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 line 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			



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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

United Way of West Florida, Inc.

59-0651076

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
  - 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	1,180,870	910,341	1,205,718	1,203,501	1,168,549
b Contributions					
c Net investment earnings, gains, and losses	-120,692	202,647	44,840	58,858	60,366
d Grants or scholarships					
e Other expenditures for facilities and programs		-174,693	-333,240	-49,722	81,651
f Administrative expenses	7,018	-6,856	-6,977	-6,919	-7,065
g End of year balance	1,053,159	1,180,870	910,341	1,205,718	1,203,501

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **▶ 65.16 %**
  - b Permanent endowment **▶ 34.84 %**
  - c Term endowment **▶ %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No                                  |
|-----------------------------|-----|-------------------------------------|
| (i) Unrelated organizations |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
- 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		23,088		23,088
b Buildings		1,143,825	820,246	323,579
c Leasehold improvements				
d Equipment		205,981	157,376	48,605
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **▶ 395,272**

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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	2,207,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-184,957	
b	Donated services and use of facilities	2b	149,157	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-35,800	
3	Subtract line 2e from line 1	3	2,242,841	
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	7,018	
b	Other (Describe in Part XIII.)	4b	154,730	
c	Add lines 4a and 4b	4c	161,748	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,404,589	

**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	2,635,797
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	149,157	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	149,157	
3	Subtract line 2e from line 1	3	2,486,640	
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	7,018	
b	Other (Describe in Part XIII.)	4b	154,730	
c	Add lines 4a and 4b	4c	161,748	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,648,388	

**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 V, Line 4 - Intended Uses for Endowment Funds**

The organization holds permanently restricted funds of \$366,926 as of June 30, 2022. The organization can use the income therefrom for operations. The organization holds quasi-endowed funds of \$686,233 as of June 30, 2022, for which the Board designated as a reserve fund, equivalent to 90 days of operations and are set aside in the event of future disasters or economic downturns in the community.

**Part X - FIN 48 Footnote**

United Way of West Florida, Inc. is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been recognized. The Organization

**Part XIII Supplemental Information** *(continued)*

annually files federal information returns (Form 990), which are subject to possible examination by the taxing authorities until the expiration of the related statute of limitations, which is generally three years, for the years ended June 30, 2020 through 2022.

Management believes it has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements and no returns are currently under examination.

**Part XI, Line 4b - Revenue Amounts Included on Return - Other**

Designated Contributions	\$ 154,730
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**Part XII, Line 4b - Expense Amounts Included on Return - Other**

Designations Paid	\$ 154,730
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**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**United Way of West Florida, Inc.**

Employer identification number

**59-0651076**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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)	<b>AMIKids Pensacola</b> 3685 Muldoon Rd Pensacola FL 32526	59-3051944	501c3	18,650				Designation/Alloc
(2)	<b>Autism Pensacola</b> PO Box 30213 Pensacola FL 32503	11-3643957	501c3	20,232				Designation/Alloc
(3)	<b>B.R.A.C.E.</b> 1301 W Government St Pensacola FL 32501	20-4815891	501c3	48,072				Designation/Alloc
(4)	<b>BigBroSisters of NWFL</b> 114 Creighton Rd, Ste 1 Pensacola FL 32504	59-2996893	501c3	30,804				Designation/Alloc
(5)	<b>Boys &amp; Girls Club of Emerald Coast</b> 923 Denton Blvd NW Destin FL 32547	59-1267050	501c3	35,219				Designation/Alloc
(6)	<b>Bright Bridge Ministries</b> 2600 W Strong St Pensacola FL 32505	61-1523951	501c3	24,800				Designation/Alloc
(7)	<b>Capstone Adaptive Learning</b> 2912 N E Street Pensacola FL 32501	59-0737912	501c3	66,000				Designation/Alloc
(8)	<b>Catholic Charities NWFL</b> 1000 Garden St Pensacola FL 32502	59-3213644	501c3	15,349				Designation/Alloc
(9)	<b>Chain Reaction</b> 1301 E Garden St Pensacola FL 32501	20-5966578	501c3	10,435				Designation/Alloc

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No. 1545-0047

**2021**

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Inspection**

Name of the organization

**United Way of West Florida, Inc.**

Employer identification number

**59-0651076**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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)	Childrens Home Soc of FL PO Box 19136 Pensacola FL 32523	59-0192430	501c3	24,382				Designation/Alloc
(2)	Council on Aging of WFL PO Box 17066 Pensacola FL 32522	59-1373939	501c3	93,576				Designation/Alloc
(3)	Epilepsy Foundation of Florida 105 E Gregory St Suite C Pensacola FL 32502	59-2164525	501c3	6,250				Designation/Alloc
(4)	ECPS Foundation for Excellence 30 Texar Dr Pensacola FL 32503	59-2715995	501c3	6,102				Designation
(5)	Favorhouse of NW FL 2001 W Blount St Pensacola FL 32501	59-2075120	501c3	37,319				Designation/Alloc
(6)	Feeding the Gulf Coast 5248 Mobile South St Theodore AL 36582	63-0821997	501c3	18,001				Designation/Alloc
(7)	Girl Scouts of Gateway Council, Pan 7077 Bonneval Road Jacksonville FL 32216	59-0637857	501c3	17,250				Designation/Alloc
(8)	Gulf Coast Kids House 3401 N 12th Ave Pensacola FL 32503	59-3520130	501c3	9,251				Designation/Alloc
(9)	Health&Hope Clinic 1718 E Olive Rd Pensacola FL 32514	26-4336638	501c3	30,025				Designation/Alloc

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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DAA

**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" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

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**59-0651076**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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)	<b>Independence for the Blind</b> 3107 N Davis Hwy Pensacola FL 32503	59-3297510	501c3	5,029				Designation/Alloc
(2)	Legal Svcs of North FL 118 S Baylen St Pensacola FL 32502	51-0197090	501c3	49,959				Designation/Alloc
(3)	Lutheran Svcs of NWF 4610 W Fairfield Dr Pensacola FL 32506	59-2198911	591c3	46,000				Designation/Alloc
(4)	Manna Food Bank 3030 North E St Pensacola FL 32501	59-2181031	501c3	32,354				Designation/Alloc
(5)	Pace Ctr for Girls 1201 College Blvd Pensacola FL 32504	59-2414492	501c3	20,392				Designation/Alloc
(6)	Re-entry Alliance Pensacola 1000 W Blount St Pensacola FL 32501	38-3908383	501c3	25,000				Designation/Alloc
(7)	Santa Rosa Kids House 5643 Stewart St Milton FL 32570	20-1524354	501c3	15,113				Designation/Alloc
(8)	Waterfront Rescue Mission PO Box 870 Pensacola FL 32591	59-0838106	501c3	20,000				Designation/Alloc
(9)	Various Donor Designations Various Various FL 32591		501c3	154,730				Designation/Alloc

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**United Way of West Florida, Inc.**

Employer identification number

**59-0651076**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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)	Various Other Entities < \$5,000 Various Various FL 32591		501c3	34,547				Designation/Alloc
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <b>Emergency Assistance</b>		16,000			
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.

**Part IV - Additional Information**

United Way distributes grants through its annual Community Investment process, which includes solicitation of grant applications from our certified partner agencies. United Way volunteers to review all grant applications including review of application outcomes and measures. For any grants awarded, the recipient agency is required to provide semi annual reports detailing their accomplishments, in accordance with their original grant applications, including documenting their outcome results.

SCHEDULE O  
(Form 990)

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Employer identification number

United Way of West Florida, Inc.

59-0651076

Form 990, Part III, Line 4a - First Accomplishment

United Way of West Florida, Inc. manages a Community Investment process to distribute donor contributions to non-profits serving Escambia and Santa Rosa Counties that are affecting positive community changes in the areas of health, education, and financial stability. Our goals are to reduce obesity and unhealthy behaviors while increasing stable and healthy independent living, increasing reading proficiency and decreasing poverty while stabilizing families with an increase in banking, employability, and sustainable financial success. We awarded \$480,000 to partner agency programs through this process. In addition, we participated in the Stuff the Bus program which distributed funds to Escambia and Santa Rosa School County Districts for the purpose of school supplies. We also partnered with local television and radio stations in support of Communities Caring at Christmas and Miracles on Palafox, which distributed gifts to low income families, as well as a separate program managed by our 211 NW Florida program that provided assistance to low income, employed individuals.

Form 990, Part III, Line 4c - Third Accomplishment

2022 saw a continuation of growth and expansion for the program provided by 211NWFL. We can continually offer our free service to anyone in need who calls our easy to remember 211 number 24 hours a day, 7 days a week - including all holidays. Our service area expanded from 8 to 10 counties with the addition of Okaloosa and Walton. The expanded service area required a congruent growth in staffing to address the additional population served and the resources to be recruited. The 211 resource team

Name of the organization

Employer identification number

United Way of West Florida, Inc.

59-0651076

added 400 additional services specific to Okaloosa and Walton counties! 2022 also saw growth of the Florida Veterans Support Line, increasing from 3 to 5 FTE's and the opening of a satellite office in Bay county. The 211NWFL service area for the Florida Veterans Support Line includes all 10 counties of the 211NWFL coverage area. 2022 also saw 211 NWFL add a new service as part of the Florida 988 suicide prevention coalition. 5.5 FTE's were added to the team to help provide 24/7 crisis call taking capabilities for the four counties of DCF circuit 1 as well as the counties of Holmes and Bay in DCF circuit 14. Specific to the provision of 211 services, 211NWFL assisted 63,000+ individuals with over 140,000 referrals to community services. The 211NWFL public website is a resource data base that contains information on over 1,600 human services. Local nonprofits and case management specialists also have access to the database to help their clients that may not have immediate access to a telephone or the internet.

#### Form 990, Part III, Line 4d - All Other Accomplishments

United Way is involved with a number of other initiatives designed to support its missions, including the following;

**Ambassador program** - Ambassadors are volunteers who are "loaned" to United Way by their employers to serve as the primary advocates for UWWF through the workplace campaigns. The ambassador program is designed to help participants develop their leadership skills and understanding of the non-profit community through regular training seminars that feature community leaders and non-profit leaders.

**Day of Caring** - Day of Caring is the largest single volunteer service in Northwest Florida. Local volunteers are matched with non-profit agencies and schools to spend a full day or half day working on a variety of service

Name of the organization

United Way of West Florida, Inc.

Employer identification number

59-0651076

projects. In total, the volunteers contributed 44,701 hours of volunteer labor, valued at an estimate \$1,205,215 of community impact. Familywize - Familywize is a longtime partner with the United Way system. Working with nearly 1,000 United Ways dedicated to helping improve health and well-being of individuals, families, and communities. United Way helped local citizens save over \$300,000 on prescription medicine in the last year.

VITA - VITA is the Volunteer Income Tax Assistance program, managed by United Way and serving Escambia and Santa Rosa Counties. The program uses training volunteers to provide free tax preparation for low income individuals and families. In the last year, the VITA program prepared over 600 returns. The program saved users almost \$800,000 in tax preparation fees.

RSVP - RSVP is a federally funded Retirement Senior Volunteer Program offered by United Way. Individuals 55 and older are matched with local volunteer sites recruited by United Way.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
A draft of the complete Form 990 is sent to all Board members prior to submission. Board members are asked to review the document and direct any questions to the Chief Financial Officer.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
Part VI, Line 12c - All Board members are required to disclose annually, any potential conflicts of interest in a written disclosure document.

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

Name of the organization

United Way of West Florida, Inc.

Employer identification number

59-0651076

Part VI, Line 15a - The CEO's salary is reviewed and approved by the Board of Directors annually. The salary is compared to similar non-profits locally and within the United Way system for reasonableness.

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

Part VI, Line 15b - As a part of the annual budget process, the salaries of all staff, including the CEO and CFO, are reviewed by the Board's Finance committee and Human Resources committee.

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

United Way posts its most recently completed audited financial statements and Form 990 on its website for public inspection. In addition, the 990 is available on Guidestar.org and the organization is listed as a BBB accredited charity under the Better Business Bureau's Wise Giving Alliance.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Designated Contributions	\$ -154,730
Designations Paid	\$ 154,730

**Application for Automatic Extension of Time To File an Exempt Organization Return**

(Rev. January 2022)

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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.	Taxpayer identification number (TIN)
	<b>United Way of West Florida, Inc.</b>	<b>59-0651076</b>
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.	
	<b>1301 W. Government Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>Pensacola</b>	<b>FL 32502</b>

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 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
Form 990-T (corporation)	07		

**Laura Gilliam**  
**1301 W. Government Street**

• The books are in the care of ▶ **Pensacola** **FL 32502**

Telephone No. ▶ **850-434-3157** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **05/15/23** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **07/01/21** , and ending **06/30/22** .

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</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.	<b>3b</b>	\$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

DAA  
MS  
11.2.22

Client ID: 33628  
 Name: United Way of West Florida, Inc.  
 TIN: 59-0651076  
 SubID/AckId/RIN: 50371120223180012041  
 Return Type: 990 US EXT 6 ✓

ELF Event  
 ELF extension file created  
 ELF extension file deleted  
 ELF extension file created  
 ELF extension file selected for transmission  
 ELF extension file transmitted to CS  
 ELF extension ACK received, return accepted

Date/Time  
 11/08/22 09:42AM  
 11/08/22 09:42AM  
 11/08/22 09:48AM  
 11/14/22 12:30PM  
 11/14/22 12:33PM  
 11/14/22 03:50PM

User ID  
 squeen  
 squeen  
 squeen  
 dneal  
 dneal  
 dneal

Comment

Ack issued by agency:11/14/2022  
 Postmark-11/14/2022 1:33:17 PM ET  
 ELF filename=33628.990\_EXT.2021\_6.US.XEF  
 Accepted  
 SubID=50371120223180012041  
 AltReturn:1

**FINANCIAL STATEMENTS**

**UNITED WAY OF WEST FLORIDA, INC.**

**JUNE 30, 2022**

## C O N T E N T S

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	2 - 3
AUDITED FINANCIAL STATEMENTS:	
Statement of Financial Position	4
Statement of Activities	5
Statement of Functional Expenses	6
Statement of Cash Flows	7
Notes to Financial Statements	8 - 18

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
United Way of West Florida, Inc.  
Pensacola, Florida

**Opinion**

We have audited the accompanying financial statements of United Way of West Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United Way of West Florida, Inc. as of June 30, 2022, 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.

**Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of United Way of West Florida, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

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 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about United Way of West Florida, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue

an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 United Way of West Florida, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about United Way of West Florida, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### **Report on Summarized Comparative Information**

We have previously audited the United Way of West Florida, Inc.'s 2021 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 16, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2021, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Brown Thornton Parenta & Company, P.A.*

Pensacola, Florida  
February 16, 2023

**STATEMENT OF FINANCIAL POSITION**

**UNITED WAY OF WEST FLORIDA, INC.**

**June 30, 2022**

**(with comparative totals for 2021)**

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	<u>2022</u>	<u>2021</u>
<b><u>ASSETS</u></b>		
ASSETS		
Cash and cash equivalents	\$ 560,822	\$ 1,168,912
Pledges receivables, net	629,609	589,362
Accounts receivable	267,568	245,641
Employee retention credit receivable	102,916	-
Prepaid expenses and other	78,044	81,319
Investments	1,053,159	1,180,870
Property and equipment, net	<u>395,272</u>	<u>383,239</u>
Total assets	<u>\$ 3,087,390</u>	<u>\$ 3,649,343</u>
 <b><u>LIABILITIES AND NET ASSETS</u></b>		
LIABILITIES		
Due to designated agencies	\$ 68,102	\$ 42,947
Allocations payable	483,478	700,000
Custodial funds payable	67,763	31,183
Accounts payable	12,104	26,055
Accrued expenses	44,042	43,974
Deferred revenue	111,976	76,503
Capital lease obligation	<u>-</u>	<u>-</u>
Total liabilities	<u>787,465</u>	<u>920,662</u>
NET ASSETS		
Without donor restrictions	1,713,203	2,180,358
With donor restrictions	<u>586,722</u>	<u>548,323</u>
Total net assets	<u>2,299,925</u>	<u>2,728,681</u>
Total liabilities and net assets	<u>\$ 3,087,390</u>	<u>\$ 3,649,343</u>

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

**STATEMENT OF ACTIVITIES**  
**UNITED WAY OF WEST FLORIDA, INC.**

**Year Ended June 30, 2022**  
**(with comparative totals for 2021)**

	2022		Total	2021 Total
	Net Assets Without Restriction	Net Assets With Donor Restriction		
Public support and revenue				
Gross campaign results	\$ 1,259,957	\$ 136,428	\$ 1,396,385	\$ 1,665,365
Less donor designations	(154,730)	-	(154,730)	(137,372)
Less provision for uncollectibles	(74,534)	-	(74,534)	(70,921)
Net campaign results	1,030,693	136,428	1,167,121	1,457,072
In-kind contributions	149,567	-	149,567	159,367
Contributions from outside service area	12,952	-	12,952	3,937
Investment return	(127,699)	-	(127,699)	195,799
Grants, contracts and program revenues	73,752	923,435	997,187	1,701,993
Other income	7,913	-	7,913	929,890
	1,147,178	1,059,863	2,207,041	4,448,058
Net assets released from restrictions				
Satisfaction of time and purpose	1,021,464	(1,021,464)	-	-
Total public support and revenues	2,168,642	38,399	2,207,041	4,448,058
Expenses				
Program services:				
Gross funds awarded/distributed	935,841	-	935,841	1,618,244
Less donor designations	(154,730)	-	(154,730)	(137,372)
Net funds awarded/distributed	781,111	-	781,111	1,480,872
Allocation expenses	53,591	-	53,591	55,439
Information and referral	735,727	-	735,727	259,374
Impact initiatives	205,174	-	205,174	857,836
Volunteer services	104,887	-	104,887	177,159
Total program services	1,880,490	-	1,880,490	2,830,680
Support services				
Fundraising	291,771	-	291,771	273,573
Organizational administration	423,841	-	423,841	438,283
Total supporting services	715,612	-	715,612	711,856
Payments to UW National	39,695	-	39,695	42,759
Total expenses	2,635,797	-	2,635,797	3,585,295
Change in net assets	(467,155)	38,399	(428,756)	862,763
Net assets, beginning of year	2,180,358	548,323	2,728,681	1,865,918
Net assets, end of year	\$ 1,713,203	\$ 586,722	\$ 2,299,925	\$ 2,728,681

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

**STATEMENT OF FUNCTIONAL EXPENSES**

**UNITED WAY OF WEST FLORIDA, INC.**

**Year Ended June 30, 2022  
(with comparative totals for 2021)**

	Program Services					Supporting Services			2022	2021	
	Gross Funds Awarded/ Distributed	Allocation Services	Impact Initiatives	Information and Referral	Volunteer Services	Total Program Services	Fundraising	Organizational Administration	Total Supporting Services	Total Expenses	Total Expenses
Expenses											
Gross funds awarded/distributed	\$ 935,841	\$ -	\$ -	\$ -	\$ -	\$ 935,841	\$ -	\$ -	\$ -	\$ 935,841	\$ 1,618,244
Less donor designations	(154,730)	-	-	-	-	(154,730)	-	-	-	(154,730)	(137,372)
Net funds awarded/distributed	781,111	-	-	-	-	781,111	-	-	-	781,111	1,480,872
Depreciation	-	1,068	2,150	17,040	3,446	23,704	5,087	6,005	11,092	34,796	37,028
Dues and subscriptions	-	378	800	5,257	1,055	7,490	1,831	1,833	3,664	11,154	9,785
Interest	-	-	-	-	-	-	-	422	422	422	323
Maintenance and repairs	-	12,321	40,592	17,694	5,797	76,404	9,975	16,209	26,184	102,588	125,401
Occupancy	-	3,032	6,325	43,873	8,708	61,938	16,029	12,922	28,951	90,889	78,204
Other	-	246	3,750	794	1,083	5,873	1,770	3,223	4,993	10,866	13,463
Personnel expenses	-	34,919	75,208	559,327	70,839	740,293	186,285	316,082	502,367	1,242,660	1,467,739
Postage	-	9	84	197	31	321	305	1,708	2,013	2,334	3,736
Printing and promotion	-	145	41,427	11,756	3,412	56,740	54,595	22,737	77,332	134,072	105,547
Professional services	-	656	31,509	16,750	8,307	57,222	11,025	32,956	43,981	101,203	152,888
Staff development	-	217	1,739	21,798	73	23,827	1,411	5,821	7,232	31,059	3,081
Supplies	-	9	61	143	543	756	357	1,714	2,071	2,827	8,190
Telephone	-	591	1,529	41,098	1,593	44,811	3,101	2,209	5,310	50,121	56,279
Total expenses, net of national dues	\$ 781,111	\$ 53,591	\$ 205,174	\$ 735,727	\$ 104,887	\$ 1,880,490	\$ 291,771	\$ 423,841	\$ 715,612	2,596,102	3,542,536
Payments to UW National										39,695	42,759
Total expenses										\$ 2,635,797	\$ 3,585,295

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

**STATEMENT OF CASH FLOWS**  
**UNITED WAY OF WEST FLORIDA, INC.**

**Year Ended June 30, 2022**  
**(with comparative totals for 2021)**

	2022	2021
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ (428,756)	\$ 862,763
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	34,796	37,026
(Gain) loss on disposal of property	-	(858,888)
Gain on sale of securities	(46,122)	(58,144)
Unrealized (gain) loss on investments	184,957	(126,766)
Provision for uncollectible accounts	-	176,163
Change in assets and liabilities		
Decrease (increase) in operating assets:		
Pledges receivable-net	(40,247)	(65,901)
Accounts receivable	(21,927)	(165,098)
Prepaid expenses	(99,641)	(34,947)
Increase (decrease) in operating liabilities:		
Due to designated agencies	25,155	(31,670)
Allocations payable	(216,522)	143,018
Custodial funds payable	36,580	12,665
Accounts payable	(13,951)	(40,164)
Accrued expenses	68	9,294
Deferred revenue	35,473	76,503
Net cash used by operating activities	(550,137)	(64,146)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds on sale of securities	232,166	183,238
Purchases of investments	(243,290)	(268,857)
Acquisition of equipment	(46,829)	-
Proceeds on sale of property	-	928,074
Net cash used by investing activities	(57,953)	842,455
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Payments on capital lease	-	(869)
Net cash used by financing activities	-	(869)
<b>NET (DECREASE) INCREASE IN CASH</b>	(608,090)	777,440
Cash and equivalents, beginning of year	1,168,912	391,472
Cash and equivalents, end of year	\$ 560,822	\$ 1,168,912

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

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE A - ORGANIZATION

United Way of West Florida, Inc. (the Organization) began as Greater Pensacola United Fund, Inc., in 1944, and as United Way of Escambia County, Inc., through May 28, 2019. The Organization increased its service area to include its neighboring county on March 6, 2019. A local volunteer Board of Directors governs the Organization. The mission of the Organization is uniting our community and leveraging resources to improve lives.

The Organization works with community partners, including a network of partner agencies, businesses, schools, governments, and other funding sources to raise funds through an annual campaign to raise support for participating agencies.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Financial Statement Presentation - The Organization reports information regarding its financial position and activities according to two classes of net assets.

*Net Assets Without Donor Restrictions* - not subject to donor-imposed stipulations.

*Net Assets With Donor Restrictions* - subject to donor-imposed stipulations.

Net assets are classified based on externally imposed restrictions, if any, that may or may not be met by actions of management or by the passage of time.

2. Basis of Accounting - The Organization prepares its financial statements on the accrual basis of accounting, following accounting principles generally accepted in the United States of America for nonprofit organizations.
3. Cash and Cash Equivalents - For the purposes of the statements of cash flows, the Organization considers investments in highly liquid debt instruments with original maturities of three months or less to be cash equivalents. The Organization does not include cash held within its separate investment accounts (see note D) as cash and equivalents.
4. Contributions - The Organization records contributions as with or without restrictions, depending on the existence and/or nature of any donor restrictions. Donor-restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without restrictions and are reported as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same fiscal year are reported as net assets without restrictions.

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

5. Pledges Receivable - Pledges receivable are unconditional promises to give. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Conditional promises to give are not included as support until such time as the conditions are substantially met. There were no conditional promises made to the Organization during the year ended June 30, 2022. An allowance for uncollectible pledges receivable is provided based on management's estimate using prior collection history and current economic conditions.
6. Accounts Receivable - Accounts receivable consist primarily of grants or amounts due from providing services or goods. Management believes no allowance for doubtful accounts is necessary.
7. Investments - Investments are stated at fair value. Donated investments are recorded at fair value at the date of the gift.
8. Property and Equipment - Property and equipment are carried at cost or, if donated, at fair market value on date of gift. The Organization capitalizes asset acquisitions over \$5,000. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets as follows:

Buildings and improvements	15 - 30 years
Furniture and fixtures	5 - 10 years
Equipment	5 - 7 years

9. Program Revenue - The Organization adopted Accounting Standards Update No. 2014-19, *Revenue from Contracts with Customers (Topic 606)*, which affects contracts with customers to transfer goods or services.

Revenue related to exchange transactions is recognized as goods and/or services are provided and is based on the amount expected to be received in exchange for those goods and/or services. The Organization recognizes client service revenue in the period in which performance obligations under its contracts are satisfied by transferring services to clients. The Organization measures the performance obligation on the date the services are provided to clients and third-party payers are sent.

10. Impairment of Long-Lived Assets - Management reviews asset carrying amounts whenever events or circumstances indicate that such carrying amounts may not be recovered. If such assets are considered impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair market value of the assets. As of June 30, 2022, none of the Organization's long-lived assets were considered to be impaired

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

11. Due to Designated Agencies - Donors contributing to the Organization may choose to designate that all or part of their contributions be distributed to specific agencies. These transactions are reported in the statement of activities as part of the Organization's campaign results and are then deducted to arrive at the net campaign revenue. Amounts deducted are carried as liabilities, net of an estimated allowance for uncollectible amounts, until paid to the designated agencies.
  
12. Donated Services and Materials - During the year ended June 30, 2022, an estimated 9,135 hours were volunteered by employees or local workplaces and unaffiliated volunteers participating in various volunteer activities, including but not limited to: Day of Caring, Stuff the Bus, Communities Caring at Christmas, Miracle on Palafox, the United Way Community Investment Process, and the United Way Ambassador Program. No value has been recognized for these volunteer hours in the financial statements, because the criteria established by the Financial Accounting Standards Board (FASB) for recognition of such volunteer efforts have not been satisfied.  
  
Donated services including media space (television and radio airtime and newspaper print space) are recorded if the services received created or enhanced long-lived assets, or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.  
  
Donated materials and supplies are recorded at fair value at the date of donation.
  
13. Grants - The Organization records grant revenue over the period of the award and the provisions of the grant determine the timing of the revenue recognition. Grant expenses are recognized when incurred. Amounts that have been awarded but not received are recorded as grant receivable.
  
14. Allocation of Functional Expenses - The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain costs have been estimated and allocated among the programs and supporting services benefited based on management's best judgement.
  
15. 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.

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

16. Income Taxes - United Way of West Florida, Inc. is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been recognized. The Organization annually files federal information returns (Form 990), which are subject to possible examination by the taxing authorities until the expiration of the related statute of limitations, which is generally three years, for the years ended June 30, 2020 through 2022.

Management believes it has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements and no returns are currently under examination.

17. Financial Instruments - The Organization's financial instruments include cash, pledges and accounts receivable, certain investments, designated/allocations payable, accounts payable, accrued expenses, and capital lease obligations. The carrying values of cash, pledges and accounts receivable, designated/allocations payable, accounts payable and accrued expenses approximate their fair values due to their short-term nature. The carrying value of capital lease obligations approximates fair value due to their bearing interest at rates that approximate current market rates for notes with similar maturities and credit quality.
18. Comparative 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 generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2021, from which the summarized information was derived.

Certain accounts and activities in the prior year information have been reclassified to conform to the presentation in the current year financial statements.

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

19. New Accounting Pronouncements - In February 2016, the FASB issued ASU 2016-02, Leases, which requires lessees to recognize on the statement of financial position the assets and liabilities for the rights and obligations created by leases with lease terms of more than twelve months. The recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee will continue to primarily depend on its classification as a finance or operating lease. However, unlike current U.S. GAAP, which requires only capital leases to be recognized on the statement of financial position, ASU 2016-02 will require both types of leases to be recognized on the statement of financial position. ASU 2016-02 also requires disclosures about the amount, timing, and uncertainty of cash flows arising from leases. These disclosures include qualitative and quantitative requirements, providing additional information about the amounts recorded in the financial statements. This standard is effective for fiscal periods beginning after December 15, 2021. The Organization plans to adopt this ASU for its year ending June 30, 2023.
20. Events Occurring After the Reporting Date - The Organization has evaluated events and transactions that occurred between June 30, 2022 and February 16, 2023, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

#### NOTE C - PLEDGES RECEIVABLE

Pledges receivable and changes in the allowance for uncollectible amounts during the year ended June 30, 2022, are summarized as follows:

Pledges receivable	\$	740,055
Allowance for uncollectible pledges:		
Balance - beginning of year		132,340
Add provision for uncollectible pledges		-
Deduct write-off of net uncollectible pledges and amounts received from prior campaigns		<u>(21,894)</u>
Balance - end of year		<u>110,446</u>
Pledges receivable - net	\$	<u>629,609</u>

No discount has been applied to the pledge receivable balance at June 30, 2022, as all pledges are collectible within one year.

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

#### NOTE D - INVESTMENTS

The Fair Value Measurements (FASB Accounting Standards Codification 820-10) provides a framework for measuring fair value under generally accepted accounting principles. Fair Value Measurements establishes a fair value. This hierarchy consists of three broad levels; Level 1 consists of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 consists of observable inputs other than quoted prices for identical assets; and Level 3 consists of significant unobservable inputs and have the lowest priority. The Organization measures fair value using Level 1 inputs; there were no Level 2 or Level 3 inputs at June 30, 2022.

Fair value of assets measured on a recurring basis at June 30, 2022, are as follows:

	<u>Fair Value</u>	<u>Level 1</u>
Mutual funds - equity	\$ 461,404	\$ 461,404
Mutual funds - fixed income	<u>307,212</u>	<u>307,212</u>
	<u>\$ 768,616</u>	<u>\$ 768,616</u>

Cost, fair value and unrealized gains from acquisition until June 30, 2022, for assets held as investments are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Gains (Losses)</u>
Cash	\$ 284,543	\$ 284,543	\$ -
Mutual funds - equity	383,695	461,404	77,709
Mutual funds - fixed income	<u>340,678</u>	<u>307,212</u>	<u>(33,466)</u>
	<u>\$ 1,008,916</u>	<u>\$ 1,053,159</u>	<u>\$ 44,243</u>

Cash in the money market account for the year ended June 30, 2022, is \$250,029.

**NOTES TO FINANCIAL STATEMENTS**  
**UNITED WAY OF WEST FLORIDA, INC.**

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**NOTE D - INVESTMENTS (Continued)**

Investment return for the year ended June 30, 2022, is summarized as follows:

Dividends and interest	\$	18,154
Realized gains on sales of securities		46,122
Less investment expense		<u>(7,018)</u>
		57,258
Unrealized gains on investments		<u>(184,957)</u>
Investment return	\$	<u><u>(127,699)</u></u>

Investments at June 30, 2022, were included in the following net assets accounts:

Without restrictions	\$	686,233
With restrictions		<u>366,926</u>
	\$	<u><u>1,053,159</u></u>

**NOTE E - PROPERTY AND EQUIPMENT**

Property and equipment consisted of the following as of June 30, 2022:

Land	\$	23,088
Building improvements		1,143,825
Furniture and fixtures		56,923
Furniture and equipment		<u>149,058</u>
		1,372,894
Less accumulated depreciation		<u>(977,622)</u>
Property and equipment - Net	\$	<u><u>395,272</u></u>

Depreciation expense totaled \$34,796 for the year ended June 30, 2022.

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE F - DESIGNATIONS AND ALLOCATIONS PAYABLE

Due to designated agencies, allocations payable and custodial funds payable at June 30, 2022 represent either designations by donors or allocations payable as determined by the Organization. These amounts are all due and payable within one year.

#### NOTE G - OPERATING LEASE

The Organization maintains an operating lease agreement for office equipment. Obligations under operating leases are recorded in the statement of activities. The monthly operating lease payments are \$110 per month through August 1, 2025. The future minimum lease payments are as follows:

<u>Years Ending June 30,</u>	<u>Amounts</u>
2023	\$ 1,320
2024	1,320
2025	1,320
2026	220
Thereafter	<u>-</u>
	<u>\$ 4,180</u>

#### NOTE H - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted at June 30, 2022 for the following purposes or periods:

Subject to expenditure for specified purpose:	
Grants, fiscal agent funds, and other initiatives	\$ 143,259
Achieve Escambia	72,287
Time	<u>4,250</u>
Total subject to expenditure for specified purpose	219,796
Endowment subject to Organization's spending policy and appropriation:	
Endowment funds (see Note I)	<u>366,926</u>
	<u>\$ 586,722</u>

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE H - NET ASSETS WITH DONOR RESTRICTIONS (Continued)

Net assets were released from donor restrictions by incurring expenses satisfying the purpose or time restrictions specified as follows:

Grants, fiscal agent funds, and other initiatives	\$	745,255
Campaign pledges, other gifts		35,772
Annual Meeting, Miracle on Palafox, Stuff the Bus and Day of Caring		<u>240,437</u>
	\$	<u>1,021,464</u>

#### NOTE I - ENDOWMENT FUNDS

Contributions to the endowment fund are subject to donor restrictions that stipulate the original principal of the gift is to be held in perpetuity with the income therefrom available as a contribution to the campaign each year. Income includes market value changes (unrealized and realized) and interest and dividends. The income therefrom is considered as an increase in net assets without restrictions since the Organization deems the restriction as met in the same reporting period. Any market declines below the original contributions are shown as a reduction in net assets without restrictions.

The Organization has adopted investment and spending policies for endowment assets that attempt to provide campaign contributions for the United Way of West Florida, Inc. Under these policies, as approved by the Board of Directors, endowment assets are invested in a manner that is intended to produce long-term growth of capital without undue exposure to risk.

The composition and changes in endowment funds for the year ended June 30, 2022, are as follows:

Endowments:		
Endowment net assets, beginning of year	\$	366,926
Investment income		8,666
Net unrealized and realized gains (losses)		(42,174)
Investment expenses		3,350
Amounts appropriated		<u>30,157</u>
Endowment net assets, end of year	\$	<u>366,926</u>

## NOTES TO FINANCIAL STATEMENTS

### UNITED WAY OF WEST FLORIDA, INC.

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#### NOTE J - IN-KIND GIFTS

In-kind gifts include contributions of tangible and intangible personal property and were expensed as follows for the year ended June 30, 2022:

Printing, media advertising and promotion	\$ 56,157
Donated goods for events	28,325
Operating supplies and expenses	<u>65,085</u>
	<u>\$ 149,567</u>

#### NOTE K - EMPLOYEE BENEFIT PLAN

The Organization sponsors a 401K retirement plan through their employee leasing company. The plan covers substantially all the Organization's employees who have met certain service requirements. Employees' vesting is based on a five-year schedule. Employer contributions are 50% of employee contributions with a 3% cap on the employer match and amounted to \$15,666 during the year ended June 30, 2022.

#### NOTE L - RELATED PARTIES

Due to designated agencies represents the amount of contributions pledged and designated to other non-profit organizations, including the Organization's member agencies.

The Organization is required to make payments for membership privileges to the related national organization. For the year ended June 30, 2022, payments to national were \$39,695.

#### NOTE M - CONCENTRATION OF RISK

The standard FDIC coverage is \$250,000 at each financial institution. As of June 30, 2022, the Organization maintained cash balances of \$338,009 in excess of FDIC coverage.

**NOTES TO FINANCIAL STATEMENTS**  
**UNITED WAY OF WEST FLORIDA, INC.**

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**NOTE N - RISKS AND UNCERTAINTIES**

The Organization invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets.

Each year the Organization records a provision for uncollectible pledges which is estimated based on past collection experience and current economic conditions. It is at least reasonably possible that changes in this estimate in the near term could be material to the financial statements.

**NOTE O - LIQUIDITY AND AVAILABILITY**

The Organization's primary source of support is income from contributions. The Organization has a policy to manage its liquidity following three guiding principles: operating within a prudent range of financial stability; maintaining adequate liquidity to fund near-term operations; and maintaining sufficient resources to provide reasonable assurance that long-term operations will be maintained. The following table reflects the Organization's financial assets reduced by amounts not available for general expenditures within one year:

Financial Assets	
Cash and equivalents	\$ 560,822
Receivables	1,000,093
Investments	<u>1,053,159</u>
Total	<u>2,614,074</u>
Less those unavailable for general expenditure within one year, due to:	
Net assets with donor restrictions	<u>(586,722)</u>
Financial assets available to meet cash needs	<u>\$ 2,027,352</u>

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**19**

**West Florida Historic Preservation**



March 2, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2023

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023.**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST**

- \_\_\_ Submit a fully completed Agency Funding Request Application
- \_\_\_ Submit a copy of your organization's current W-9
- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: West Florida Historic Preservation, Inc. dba UWF Historic Trust

Agency Address: 120 Church Street Pensacola, FL 32502

Program Name for which funding is being requested: Museum Operations Support and Historic Site Preservation and Conservation

Amount Requested: \$ 225,000

Program Contact: Robert Overton

Contact Email: roverton@uwf.edu; aeve@uwf.edu

Contact Phone: (850) 595-5985

25-Word Description of Program: The UWF Historic Trust operates Historic Pensacola Village, the Pensacola Children's Museum, Voices of Pensacola Multicultural Center, the Pensacola Museum of History, and the Pensacola Museum of Art. We also assist in the preservation, interpretation and sharing the stories of many of our historic cemeteries within the community. In prior years, our funding allocation was awarded to us for UWFHT operations only. Per the county's request, in recent years we have combined our ask with the cemeteries who also previously received funding in order to streamline operations and administration of these sites.

How many years has your organization been providing services in the County? 55

How many years has your organization received funding from the County? 50 plus

Explain how receiving funds from the County would have a significant impact on your organization: The funding we receive allows us to continue the support of the over fifty-year partnership between the UWF Historic Trust and Escambia County for the preservation of our local cultural resources including local historic cemeteries. In particular the funds allow us to market the historic, cultural, and artistic assets that we manage as well as insure them. Without funding we would see a significant decrease in visitation which would adversely affect our local economy that depends heavily on tourism. It would also not be possible to maintain the cemeteries included in this request nor preserve Escambia County history.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable:   \$200,000  

Briefly discuss how last year's funds were used? The funds received were used for 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. We also coordinated clean-ups and worked to interpret the local historic cemeteries as well as conserve the masonry structures.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? The funds we received last year were used to continue the support of the over fifty-year partnership between the UWF Historic Trust and Escambia County for the preservation of our precious cultural resources. These resources, which serve as a cultural heritage tourism engine, attracted over 165,000 visitors and 2,500 schoolchildren last year. Our visitation has exceeded pre-Covid numbers and this year we are seeing even higher increases.

**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. 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 general site maintenance costs, and d) the expense of insuring the historic properties. We also have some administrative costs associated with assisting with the preservation, maintenance, interpretation, and marketing of some of our historic cemeteries as outdoor museums to our citizens and visitors promoting them as heritage tourism sites.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: N/A

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**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: We make consistent efforts to collaborate and coordinate with local non-profits to develop and implement community programming and events. We have worked with organizations like the Public Library, the Symphony, Ballet Pensacola, the Arts Festival, Fiesta, and other similar groups.

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Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. The UWF Historic Trust is the center of Pensacola's robust cultural ecosystem that is unique to our city. Our campus of museums and cultural entities are key economic drivers in addition to serving as a critical public space that connects the businesses and organizations in Pensacola's vibrant downtown thereby enhancing the City and Escambia County. Additionally, we are distinctive in that we coordinate to clean-up and interpretation for the local historic cemeteries which also serve as public spaces for the community.

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**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs?

Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: \_\_\_\_\_%
- Percentage for direct programming costs: 100%

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. It would not be possible to maintain the cemeteries included in this request nor preserve Escambia County history.

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If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio: All grants received for special projects and programs require varying amounts of cash match. Approximate estimate is 15% of our annual budget is bound by matching fund requirements, but we can match funds from operations income and will not rely on program funds for match.

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Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. City of Pensacola - \$2,400.00 annual operating support

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**GOALS AND METRICS**

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

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. The education of Escambia County and regional schoolchildren and their families.	154	1739	2904	up 67 %
2. Serving as an economic engine by attracting and sharing our art and history with a broader cultural heritage tourism audience.	24,405	39,962	90,384	up 126.175 %
3. Collecting, preserving, interpreting, and sharing the art and history of Escambia County and the broader region of Northwest Florida.	24,405	55,935	110,487	up 97.53 %

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY23 goals
1. Measure the increase in the number of annual visitors to our site and track visitor profiles in order to determine tourism impact.	200,000
2. Measure the increase in the annual number of schoolchildren served.	8,000
3. Measure an increase in community engagement by increasing annual volunteer participation.	50% increase

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY22
1. Hosted 200,000 plus site visitors. We can estimate that the cemeteries saw more than 3,000 visitors last year.	200,871
2. Because of Covid-19 there were no school field trips the prior year. We are pleased to report that last year we saw an increase to 2904 students and we expect even more this next fiscal year.	2904
3. UWFHT hosted 87 volunteers who donated 2755 hours and the three cemeteries combined had more than 50 volunteers donated time exceeding 400 hours.	87/ 2755 hours

### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program, you are not required to complete the information for the previous budget year. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$10,000	\$10,000	\$10,000
Programmatic Income	\$242,000	\$264,325	\$397,625
County Funding/Direct Contribution	\$201,654	\$200,000	\$225,000
County Funding by Other Source (a)	0	0	
City Funding	\$2,400	\$2,400	\$2,400
Local Non-Profit Funding	0	0	
State Funding	0	0	
Federal Funding	0	0	
Memberships	\$45,000	\$45,000	\$45,000
Investment Income	0	0	
Other Income (b)	\$200,825	\$250,000	\$400,000
Total Income	\$701,879	\$771,725	\$1,080,025



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

We budget roughly 10 - 25k annually for Capital Outlay, which includes office furniture, fixtures, and equipment. These funds will not be used for permanent assets, but may apply towards semi-permanent structures created as part of our exhibitions.

(b) Please explain any request listed in the "Other Expenses" line item. \_\_\_\_\_

Other expenses included in budget are related to our line item for retail resale and will not be included in funding request.

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Our fiscal year runs July 1 to June 30 in accordance with UWF and the State of Florida.
2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. Our audited Financial Statements included incorporate some of our University activity and salaries, which is managed by the University of West Florida. The budget presented here is our independent 501c3 which we operate independently for programming and site management.
3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? N/A
4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
<u>Robert Overton</u>	<u>Executive Director</u>	<u>\$102,518.76</u>
<u>Ross Pristera</u>	<u>Senior Director and Historic Preservationist</u>	<u>\$76,408.00</u>
<u>Nicholas Croghan</u>	<u>PMA Director</u>	<u>\$56,500.00</u>
<u>Richard Sivley</u>	<u>Maintenance Supervisor</u>	<u>\$63,238.89</u>
<u>Amy Eve</u>	<u>Business Manager</u>	<u>\$52,711.00</u>

5. Please provide the total amount of cash and investments on hand.

\_\_\_\_\_

Cash Accounts / Operating Funds: \$375,109.88, Restricted Funds: \$ 263,998.17, Endowments: \$1,035,500.00

6. Does your organization charge fees for services? If so, provide a list of fees charged.

See chart:

*2023 Admission Tickets*

<a href="#">Purchase Online</a>	Admission
Adult	\$12.00
AAA Member	\$11.00*
Military & Dependents	\$11.00*
Senior 65+	\$11.00*
UWF Alumni	\$11.00
Child 3-14	\$7.00
Child Under 3	FREE
Members	FREE
UWF Students	FREE
SNAP/EBT Cardholders	FREE*

7. Does your organization require background checks from volunteers and staff? Yes. All hiring and background screenings are completed through the University of West Florida Human Resources department. \_\_\_\_\_

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A:

1. What is your agency's Strategic Plan? \_N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many jobs were created this year over last year by zip code? N/A

\_\_\_\_\_

3. What is the net cost per job created? N/A

\_\_\_\_\_

**ADDITIONAL QUESTIONS**    N/A

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_

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4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

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5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.



\_\_\_\_\_  
Name

Executive Director  
\_\_\_\_\_  
Title

03/30/2023  
\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

<b>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</b> West Florida Historic Preservation, Inc.	
<b>2 Business name/disregarded entity name, if different from above</b> UWF Historic Trust or Pensacola Museum of Art	
<b>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</b> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501c3</b>	<b>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</b>  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5 Address (number, street, and apt. or suite no.) See instructions.</b> 120 Church Street	Requester's name and address (optional)
<b>6 City, state, and ZIP code</b> Pensacola, FL 32502	
<b>7 List account number(s) here (optional)</b>	

<b>Part I Taxpayer Identification Number (TIN)</b> 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.  <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>or</b></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 30px; height: 20px; text-align: center;">2</td> <td style="width: 30px; height: 20px; text-align: center;">3</td> <td style="width: 30px; height: 20px; text-align: center;">-</td> <td style="width: 30px; height: 20px; text-align: center;">7</td> <td style="width: 30px; height: 20px; text-align: center;">0</td> <td style="width: 30px; height: 20px; text-align: center;">0</td> <td style="width: 30px; height: 20px; text-align: center;">9</td> <td style="width: 30px; height: 20px; text-align: center;">3</td> <td style="width: 30px; height: 20px; text-align: center;">1</td> <td style="width: 30px; height: 20px; text-align: center;">9</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	<b>Social security number</b>																					<b>or</b>										<b>Employer identification number</b>										2	3	-	7	0	0	9	3	1	9	
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<b>Part II Certification</b> 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.	
<b>Certification instructions.</b> 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 for Part II, later.	
<b>Sign Here</b>	Signature of U.S. person ▶  _____ Date ▶ 03/30/2023

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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-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, later.*

Internal Revenue Service

Department of the Treasury  
P.O. Box 2508  
Cincinnati, Ohio 45201

Date: **MAR 12 2002**

Employer Identification  
Number:

23-7009319

West Florida Historic Preservation Inc.  
120 Church St.  
Pensacola, FL 32501-5941

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  
Director, Exempt Organizations



INTERNAL REVENUE SERVICE

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: December 4, 2001

Person to Contact:  
Shirley Rudolph 31-03949  
Customer Service Representative  
Toll Free Telephone Number:  
8:00 a.m. to 9:00 p.m. EST  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  
23-7009319

West Florida Historic Preservation, Inc.  
120 Church Street  
Pensacola, FL 32501-5941

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.

12/11/01

-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.

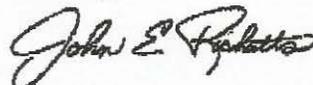
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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

# Saltmarsh

Saltmarsh, Cleaveland & Gund

*CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS*

**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, 2022 AND 2021**

**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, 2022 AND 2021**

**CONTENTS**

	PAGE
Independent Auditor's Report	1
Management's Discussion and Analysis	4
Basic Financial Statements:	
Statements of Net Position and Governmental Fund Balance Sheets	7
Statements of Activities and Governmental Fund Revenues, Expenditures, and Changes in Fund Balance/Net Position	8
Notes to Financial Statements	9
Other Reports:	
Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	20

## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
West Florida Historic Preservation, Inc.  
d/b/a University of West Florida Historic Trust  
Pensacola, Florida

### Opinion

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, 2022 and 2021, 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.

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, 2022 and 2021, and the changes in financial position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust’s ability to continue as a going concern for twelve months beyond the financial statement date, including any known information that may raise substantial doubt shortly thereafter.

Board of Directors  
West Florida Historic Preservation, Inc.  
d/b/a University of West Florida Historic Trust  
Pensacola, Florida

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and budgetary comparison information be presented to supplement the basic financial statements. Such information is the responsibility of management and, 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.

Board of Directors  
West Florida Historic Preservation, Inc.  
d/b/a University of West Florida Historic Trust  
Pensacola, Florida

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 24, 2022, 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 solely 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 effectiveness of the Trust's 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 24, 2022

**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, 2022 AND 2021**

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, 2022.

**Operational Highlights**

- We started off the fiscal year with some closures still in effect due to COVID-19. By early August we were able to open all museums to full operation. We adjusted our offerings for special event rentals allowing us to better meet the needs of the customers during the off season. This resulted in an increase in revenue from event rentals for the year of 18% over the previous year.
- We changed parking management companies which will increase parking revenue by 50% in the next fiscal year. Overall, we have focused on programs and ventures that would generate revenue and have limited non-revenue generating programs.
- Visitation increased by 207%, rental income increased by 18%, ticket sales increased by 379% and museum store sales increased by 160%.
- In FY 2021-22, we received a number of grants which included a Florida American Rescue Plan Cultural Grant in the amount of \$4,254 from the state's Division of Arts & Culture; a \$25,000 American Rescue Act Grant from the Florida Humanities Council; an SBA Shuttered Venue Operator's Grant for \$18,927 to offset lost revenue; a \$5,000 grant from International Paper Foundation; a \$1,000 grant from the Great Gulf Coast Arts Festival; a \$45,000 General Operations Support Grant from the Florida Division of Cultural Affairs.
- On July 17, 2021, we hosted Escambia County's Bicentennial Celebration. Funding for the celebration was provided by the city, county, and state. We processed many of the invoices for this event and received reimbursements from each of these entities.
- A huge portion of the 2021-22 FY was spent completing repairs from Hurricane Sally. The majority of the work is being funded through insurance settlements which were processed on campus. We anticipate some FEMA reimbursements in the future.
- In an effort to establish a fundraising event we hosted our first Bootleg Ball on April 2, 2022, at the Museum of Commerce. Tickets were sold for \$200 each and we solicited sponsors for the band, bar, and food at \$5,000 each. After all expenses were covered, we made around \$4,000 on the event but created a great deal of buzz which will help us with next year's event.

**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, 2022 AND 2021**

**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's 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.

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 starting on page 9 of this report.

**Summary of Financial Condition**

**West Florida Historic Preservation, Inc.  
d/b/a University of West Florida Historic Trust  
Net Position**

	<u>2022</u>	<u>2021</u>	<u>2020</u>
Total assets, excluding capital assets	\$ 2,212,801	\$ 2,265,352	\$ 1,940,255
Capital assets	<u>3,809,884</u>	<u>4,137,243</u>	<u>4,509,152</u>
Total assets	<u>\$ 6,022,685</u>	<u>\$ 6,402,595</u>	<u>\$ 6,449,407</u>
Current liabilities	<u>\$ 124,921</u>	<u>\$ 397,042</u>	<u>\$ 93,479</u>
Invested in capital assets	3,809,884	4,137,243	4,509,152
Reserved	213,489	209,429	201,288
Designated	38,782	38,774	38,697
PMA designated	33,966	33,966	68,302
Undesignated	<u>1,801,643</u>	<u>1,586,141</u>	<u>1,538,489</u>
Total fund balance/net position	<u>5,897,764</u>	<u>6,005,553</u>	<u>6,355,928</u>
Total liabilities and net position	<u>\$ 6,022,685</u>	<u>\$ 6,402,595</u>	<u>\$ 6,449,407</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, 2022 AND 2021**

**Summary of Financial Condition (Continued)**

**West Florida Historic Preservation, Inc.  
d/b/a University of West Florida Historic Trust  
Revenues, Expenses, and Changes in Net Position**

	<u>2022</u>	<u>2021</u>	<u>2020</u>
Program revenues	\$ 1,209,494	\$ 731,858	\$ 858,293
General revenues	190,951	419,508	12,982
Total revenues	<u>1,400,445</u>	<u>1,151,366</u>	<u>871,275</u>
Historic Pensacola Village and museum activities	73,892	49,695	45,187
Historic preservation and education programs	232,463	220,220	170,964
Pensacola Museum of Art	179,258	197,775	244,515
Management and general	695,262	603,084	325,762
Depreciation	327,359	430,967	412,580
Total expenditures/expenses	<u>1,508,234</u>	<u>1,501,741</u>	<u>1,199,008</u>
Change in net position	<u>\$ (107,789)</u>	<u>\$ (350,375)</u>	<u>\$ (327,733)</u>

**Capital Assets**

The Trust's investment in capital assets totaled \$3,809,884 (net of accumulated depreciation of \$2,937,625). Capital assets include land, buildings and improvements, and furniture, 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 32591-2866

**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, 2022 AND 2021**

	2022			2021		
	General Fund	Adjustments (Note 1)	Statement of Net Position	General Fund	Adjustments (Note 1)	Statement of Net Position
<b>Assets:</b>						
Cash	\$ 368,466	\$ -	\$ 368,466	\$ 123,240	\$ -	\$ 123,240
Certificates of deposit	179,655	-	179,655	179,506	-	179,506
Due from UWF Foundation	1,085,446	-	1,085,446	1,380,409	-	1,380,409
Grants and local support receivable	241,815	-	241,815	214,231	-	214,231
Accrued interest receivable	111	-	111	131	-	131
Inventory	75,486	-	75,486	106,480	-	106,480
Prepaid assets	11,774	-	11,774	11,307	-	11,307
Historical properties, antiques and collections	249,214	-	249,214	249,214	-	249,214
Deposits	834	-	834	834	-	834
Capital assets -						
Non-depreciable	-	1,010,660	1,010,660	-	1,010,660	1,010,660
Depreciable, net of accumulated depreciation	-	2,799,224	2,799,224	-	3,126,583	3,126,583
<b>Total Assets</b>	<b>\$ 2,212,801</b>	<b>\$ 3,809,884</b>	<b>\$ 6,022,685</b>	<b>\$ 2,265,352</b>	<b>\$ 4,137,243</b>	<b>\$ 6,402,595</b>
<b>Liabilities:</b>						
Note payable	\$ -	\$ -	\$ -	\$ 278,690	\$ -	\$ 278,690
Accounts payable	26,040	-	26,040	24,804	-	24,804
Deferred revenue	98,881	-	98,881	93,548	-	93,548
Total liabilities	124,921	-	124,921	397,042	-	397,042
<b>Fund Balance/Net Position:</b>						
Invested in capital assets	-	3,809,884	3,809,884	-	4,137,243	4,137,243
Nonspendable	337,308	(337,308)	-	367,835	(367,835)	-
Restricted/reserved	213,489	-	213,489	209,429	-	209,429
Assigned/designated	38,782	-	38,782	38,774	-	38,774
PMA assigned/designated	33,966	-	33,966	33,966	-	33,966
Unassigned/undesignated	1,464,335	337,308	1,801,643	1,218,306	367,835	1,586,141
Total fund balance/net position	2,087,880	3,809,884	5,897,764	1,868,310	4,137,243	6,005,553
<b>Total Liabilities and Fund Balance/Net Position</b>	<b>\$ 2,212,801</b>	<b>\$ 3,809,884</b>	<b>\$ 6,022,685</b>	<b>\$ 2,265,352</b>	<b>\$ 4,137,243</b>	<b>\$ 6,402,595</b>

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, 2022 AND 2021**

	2022			2021		
	General Fund	Adjustments (Note 1)	Statement of Activities	General Fund	Adjustments (Note 1)	Statement of Activities
<b>Program Revenues:</b>						
Grants and local support	\$ 431,872	\$ -	\$ 431,872	\$ 348,230	\$ -	\$ 348,230
Admissions, including tours, Pensacola Museum of Art and school programs	378,046	-	378,046	104,376	-	104,376
Rents and leases	397,422	-	397,422	271,677	-	271,677
Museum store income, net	2,154	-	2,154	7,575	-	7,575
Total program revenues	<u>1,209,494</u>	<u>-</u>	<u>1,209,494</u>	<u>731,858</u>	<u>-</u>	<u>731,858</u>
<b>General Revenues:</b>						
Interest and dividends	15,620	-	15,620	12,163	-	12,163
Miscellaneous	35,730	-	35,730	68,539	-	68,539
Realized/unrealized gains (losses)	(187,270)	-	(187,270)	338,806	-	338,806
Forgiveness of Paycheck Protection Program loan	278,690	-	278,690	-	-	-
Other COVID-19 income	48,181	-	48,181	-	-	-
Total general revenues	<u>190,951</u>	<u>-</u>	<u>190,951</u>	<u>419,508</u>	<u>-</u>	<u>419,508</u>
Total revenues	<u>1,400,445</u>	<u>-</u>	<u>1,400,445</u>	<u>1,151,366</u>	<u>-</u>	<u>1,151,366</u>
<b>Expenditures/Expenses:</b>						
Historic Pensacola Village and museum activities	73,892	-	73,892	49,695	-	49,695
Historic preservation and education programs	232,463	-	232,463	220,220	-	220,220
Pensacola Museum of Art	179,258	-	179,258	197,775	-	197,775
Management and general	695,262	-	695,262	603,084	-	603,084
Depreciation	-	327,359	327,359	-	430,967	430,967
Capital outlay	-	-	-	59,058	(59,058)	-
Total expenditures/expenses	<u>1,180,875</u>	<u>327,359</u>	<u>1,508,234</u>	<u>1,129,832</u>	<u>371,909</u>	<u>1,501,741</u>
Change in fund balance/net position	219,570	(327,359)	(107,789)	21,534	(371,909)	(350,375)
<b>Fund Balance/Net Position, Beginning of Year</b>	<u>1,868,310</u>	<u>4,137,243</u>	<u>6,005,553</u>	<u>1,846,776</u>	<u>4,509,152</u>	<u>6,355,928</u>
<b>Fund Balance/Net Position, End of Year</b>	<u>\$ 2,087,880</u>	<u>\$ 3,809,884</u>	<u>\$ 5,897,764</u>	<u>\$ 1,868,310</u>	<u>\$ 4,137,243</u>	<u>\$ 6,005,553</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, 2022 AND 2021**

**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:

	2022	2021
Telephone	\$ 10,758	\$ 9,269
Operating supplies	-	232
Office equipment rental	2,582	6,034
Electricity	26,656	82,045
Natural gas	10,642	14,259
Other utilities	9,493	54,644
Repairs and maintenance	36,820	17,362
Equipment	1,574	814
Contractual services	7,649	25,571
Security	9,223	12,212
Insurance	13,641	13,139
Other	1,142	8,307
	\$ 130,180	\$ 243,888
Totals		

**WEST FLORIDA HISTORIC PRESERVATION, INC.  
D/B/A UNIVERSITY OF WEST FLORIDA HISTORIC TRUST  
(A COMPONENT UNIT OF THE UNIVERSITY OF WEST FLORIDA)  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022 AND 2021**

**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 \$1,263,999 and \$1,410,367 for the years ended June 30, 2022 and 2021, 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 \$216,512 for the years ended June 30, 2022 and 2021.

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 \$55,714 and \$51,808 as of June 30, 2022 and 2021, 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. 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.

*Pensacola Museum of Art:*

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, UWFF was gifted a historic building, land, a fine arts collection, furniture and equipment, cash and cash equivalents, a permanent endowment, and other current assets from the dissolving entity totaling approximately \$4.2 million. UWFF transferred the historic building and land to UWF and the fine arts collection, furniture and equipment, and all other assets were transferred to the Trust, with the exception of the permanent endowment. The Trust maintains a management agreement with UWF covering the preservation of historic properties for UWF. UWFF 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. Under the agreement, UWFF will handle all and record all membership income for the PMA. PMA membership income held by UWFF amounted to \$33,300 and \$21,825 as of June 30, 2022 and 2021, 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, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*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.

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.

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.

**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, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*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 measurable and available. Measurable 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.

*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

**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, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*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.

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.

**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, 2022 AND 2021**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*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.

*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.

*Recent Accounting Pronouncements:*

In June 2017, the Governmental Accounting Standards Board (“GASB”) issued Statement No. 87, *Leases* (“GASB 87”), which addresses accounting and financial reporting for leases by governments. This statement requires recognition of certain lease assets and liabilities for leases that are currently classified as operating leases and recognized as inflows of resources or outflows of resources. GASB 87 establishes the lessee’s requirement to recognize a lease liability and an intangible right-to-use asset. GASB 87 was effective for the Trust for the year ended June 30, 2022. Adoption of GASB 87 did not have a significant impact on the Trust’s financial statements.

**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, 2022 and 2021 was \$546,736 and \$301,361, respectively, and the bank balance was \$629,052 and \$331,956, respectively. The Trust’s cash balances held by financial institutions are insured by the Federal Deposit Insurance Corporation up to certain limits.

**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, 2022 AND 2021**

**NOTE 3 - DUE FROM UWFF/UWF**

In March 2013, the Trust entered into a MOU with UWFF, 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 \$1,085,446 and \$1,330,023 at June 30, 2022 and 2021, respectively.

In addition, at June 30, 2021, \$50,386 was due from UWF from unused Paycheck Protection Program (“PPP”) loan proceeds as stated in Note 9. During the year 2022, a transfer was made from UWF for the remaining loan proceeds, which were used for general expenses in current year. Therefore, no amount was due from UWF related to PPP proceeds at June 30, 2022.

**NOTE 4 - CAPITAL ASSETS**

Capital assets consist of the following:

<b>June 30, 2022:</b>	Beginning Balance	Increases	Decreases	Ending Balance
<u>Historic Pensacola Village</u>				
Land	\$ 1,010,660	\$ -	\$ -	\$ 1,010,660
Buildings and improvements	5,222,917	-	-	5,222,917
Furniture, fixtures and equipment	8,012	-	(3,089)	4,923
<u>Barkley House</u>				
Furniture, fixtures and equipment	17,489	-	-	17,489
<u>Pensacola Museum of Art</u>				
Furniture, fixtures and equipment	63,974	-	-	63,974
<u>General and Administrative</u>				
Furniture, fixtures and equipment	428,225	-	(679)	427,546
	<u>6,751,277</u>	-	(3,768)	6,747,509
Less accumulated depreciation	2,614,034	327,359	(3,768)	2,937,625
	<u>\$ 4,137,243</u>	<u>\$ (327,359)</u>	<u>\$ -</u>	<u>\$ 3,809,884</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, 2022 AND 2021**

**NOTE 4 - CAPITAL ASSETS (Continued)**

<b>June 30, 2021:</b>	Beginning Balance	Increases	Decreases	Ending Balance
<u>Historic Pensacola Village</u>				
Land	\$ 1,010,660	\$ -	\$ -	\$ 1,010,660
Buildings and improvements	5,222,917	-	-	5,222,917
Furniture, fixtures and equipment	8,012	-	-	8,012
<u>Barkley House</u>				
Furniture, fixtures and equipment	17,489	-	-	17,489
<u>Pensacola Museum of Art</u>				
Furniture, fixtures and equipment	25,001	38,973	-	63,974
<u>General and Administrative</u>				
Furniture, fixtures and equipment	408,140	20,085	-	428,225
	<u>6,692,219</u>	<u>59,058</u>	<u>-</u>	<u>6,751,277</u>
Less accumulated depreciation	<u>2,183,067</u>	<u>430,967</u>	<u>-</u>	<u>2,614,034</u>
	<u>\$ 4,509,152</u>	<u>\$ (371,909)</u>	<u>\$ -</u>	<u>\$ 4,137,243</u>

Depreciation expense was \$327,359 and \$430,967 for the years ended June 30, 2022 and 2021, respectively.

**NOTE 5 - 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 \$98,881 and \$93,548 at June 30, 2022 and 2021, 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, 2022 AND 2021**

**NOTE 6 - 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, 2022 and 2021 are presented as follows:

	<u>2022</u>	<u>2021</u>
Nonspendable -		
Inventory	\$ 75,486	\$ 106,480
Prepaid assets and deposits	12,608	12,141
Historical properties, antiques and collections	<u>249,214</u>	<u>249,214</u>
	<u>\$ 337,308</u>	<u>\$ 367,835</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, 2022 and 2021 are presented as follows:

	<u>2022</u>	<u>2021</u>
Restricted -		
Old Christ Church fund	\$ 140,873	\$ 140,733
Kranc Property	57,500	57,500
Florida Conference AME Holding	3,116	4,196
Cemetery Projects	<u>12,000</u>	<u>7,000</u>
	<u>\$ 213,489</u>	<u>\$ 209,429</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, 2022 AND 2021**

**NOTE 6 - 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 \$38,782 and \$38,774 as of June 30, 2022 and 2021, respectively, represents the remaining cash balance in the Veal Education Fund.

PMA assigned fund balance or designated net position represents amounts that are designated by the Board of Directors but are not spendable until a majority vote of approval. In 2017, the Pensacola Museum of Art received a BP claim and the Board of Directors approved to designate these funds for future purchases of artwork and collections to be held at the museum. The assigned fund balance/designated net position of \$33,966 as of June 30, 2022 and 2021, represents the remaining designated BP funds.

*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 7 - 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.

**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, 2022 AND 2021**

**NOTE 7 - COMMITMENTS AND CONTINGENCIES (Continued)**

*Coronavirus Disease 2019:*

During the year ended June 30, 2022, Coronavirus Disease 2019 (“COVID-19”) continued to be a pandemic. The full impact of the COVID-19 outbreak continues to evolve as of the date of the report. As such, it is very uncertain as to the full magnitude that the pandemic will have on the Trust. Management is actively monitoring its financial condition, liquidity, operations, suppliers and industry, and workforce. Given the evolution of the COVID-19 outbreak, the Trust is not able to estimate the effects of the outbreak on its results of operations, financial condition, or liquidity.

**NOTE 8 - 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, 2022.

**NOTE 9 - COVID-19 RELATED INCOME**

On April 27, 2021, the Trust received loan proceeds in the amount of \$278,690 under the PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act (“CARES Act”). The PPP loan’s principal and accrued interest were forgivable to the extent that the proceeds were used for eligible purposes, subject to certain limitations. The Trust transferred the loan proceeds to UWF for tracking purposes and was included in notes payable as of June 30, 2021. During the year ended June 30, 2022, the loan proceeds were used for eligible purposes, and the loan was forgiven. Accordingly, the Trust recognized \$278,690 as other income during the year ended June 30, 2022.

The Trust was also awarded a grant totaling \$29,254 from the Florida American Rescue Plan Cultural Grant Program (“Florida ARP”) which is funded by the Florida Department of State Division of Arts and Culture and from Florida Humanities. The funds were to be used for general operating expenses for the Trust. Accordingly, the Trust recognized \$29,254 as other income during the year ended June 30, 2022.

In addition, the Trust received \$18,927 from the Small Business Administration to assist in general operations of the Trust. According, the Trust recognized \$18,927 as other income during the year ended June 30, 2022.

## **OTHER REPORTS**

**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, 2022, 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 24, 2022.

**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  
Pensacola, Florida

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Trust's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Governmental Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Trust's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Trust's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Pensacola, Florida  
August 24, 2022

**20**

## **Wildlife Sanctuary**



**BOARD OF COUNTY  
COMMISSIONERS  
ESCAMBIA COUNTY, FLORIDA**

OFFICE OF MANAGEMENT  
& BUDGET SERVICES  
221 PALAFOX PLACE,  
SUITE 440  
PENSACOLA, FL 32502  
Phone: (850) 595-4960  
Fax: (850) 595-4810  
[www.myescambia.com](http://www.myescambia.com)

March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

**Stephan**

**Hall**

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9

- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Wildlife Sanctuary of Northwest Florida

Agency Address: 105 North S Street, Pensacola, FL 32505

Program Name for which funding is being requested: Wildlife Sanctuary of Northwest Florida, Inc

Amount Requested: \$43,250

Program Contact: Dorothy Kaufmann

Contact Email: ws@wildlife.gccoxmail.com Contact Phone: (850) 433-9453

25-Word Description of Program: Gives Wildlife a second chance, provides a safe haven for injured and orphaned wildlife and promotes public awareness, appreciation and preservation of wildlife through education

How many years has your organization been providing services in the County? 41 years

How many years has your organization received funding from the County? Since 1999

Explain how receiving funds from the County would have a significant impact on your organization:

Funding allows us to continue serving Escambia County at our full potential.

## **PRIOR YEAR FUNDING**

Amount Received Last Year, if applicable: \$33,250

Briefly discuss how last year's funds were used?

The Wildlife Sanctuary of Northwest Florida accepted and cared for 3,0141 injured and orphaned indigenous wildlife and provided care in a hospital setting by professionally trained staff. We provided information, tours, presentations, and literature as a means of fostering public awareness, public safety, public health, and the appreciation of wildlife. Education and a push for increased ecotourism in the community were also part of our daily operations. County funding assisted in staffing, printing of educational materials and maintaining a proper facility which is open 7 days a week, 8am to 5pm year round.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?

Funding allowed the Wildlife Sanctuary to care for 3,014 animals. Our volunteers contributed 4,325 hours to support our mission. Our educational outreach efforts reached over 155,204 individuals about public safety, appreciation of wildlife, public health, habitat awareness and the fostering of awareness about coexisting with wildlife.

## **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?

The Wildlife Sanctuary will continue to accept and care for injured and orphaned wildlife and provide appropriate care in a hospital setting by professionally trained staff. As we continue our mission, we anticipate our admission numbers to continue in the 3,000 plus range for injured and orphaned wildlife. Keeping consistent with a push for providing the best care possible to our patients and to continue to provide education to the public. Due to standard changes, it is necessary to modify the number of outdoor rehabilitation units and flight pens, plus additional educational signage is needed in the public walkway areas. With mandatory cost of living increases for staff, this it has taken a major toll on our overall budget for animal food, supplies and utilities.

Is your program a governmental function or requirement? If a governmental request, please site

regulatory/statutory requirement. Please explain: No

### **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:

We are the only wildlife hospital, nursery, and educational facility open in Escambia County. We are open 7 days a week, 8am to 5pm year-round.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. For forty one years the Wildlife Sanctuary of Northwest Florida has done much more than take care of wildlife. It includes examinations, diagnosis, treatment, proper nutritional diets, safe and supportive captive surroundings, physical therapy, and pre-release conditioning for injured, orphaned, and diseased wildlife with the goal of returning individuals to their natural habitats. We also educate residents on wildlife laws and regulations. Our agency consists of professionally trained staff in the care and rehabilitation of 3,000 injured and orphaned wildlife annually. We are an integral part of our state and national wildlife organizations. We work hand in hand with Escambia County Animal Welfare for public safety and wildlife education for a healthier and safer community.

### **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 40%
  - Accounting \$1,068, Security \$432, Animal Care salaries \$14,000
- Percentage for direct programming costs: 60%
  - Educational Materials \$14,000, Outdoor Exhibits \$10,000

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

The Wildlife Sanctuary will continue to search for available funding which references wildlife rehabilitation

and wildlife education. The services we provide are such an important aspect of public need and safety that we will do everything we can to continue our mission.

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

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.

No

**GOALS AND METRICS**

Provide "Specific and Measurable" metrics in the following three sections:

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23 1st Qtr	% Change
1. Provide a hospital setting for rehab/assist injured and orphaned wildlife -Number of animals helped	2792	3,014	303	+8%
2. Volunteer Hours	4611	4235	995	-8%
3. Educate in order to foster public awareness, safety, and appreciation of wildlife. Residents reached through educational materials and social media	152,415	155,204	32,000	+2%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Acting as a licensed/permitted wildlife hospital we provide for over 3,000 injured and orphaned indigenous wildlife with proper care using a professional and trained staff of wildlife rehabilitators	3,000+ animals

2.Educating over 90,000 residents and visitors annually, fostering public awareness, safety, and appreciation of wildlife	Reaching 90,000+ residents/visitors
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1.Between the years of 2004 and 2022 the WSNWFL provided services to the community by caring for 55,669 injured and orphaned wildlife patients	Assist community by providing care for 58,000+ animals in need
2.Over the last 10 years, the Wildlife Sanctuary has provided an avenue to the community to provide educational outreach to an average of 40,000 residents and visitors annually	Averaging 40,000+ annually
3.	

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	195,338	195,338	230,000
Programmatic Income			
County Funding/Direct Contribution	33,250	33,250	43,250
County Funding by Other Source (a)	10,000		
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			

Memberships			
Investment Income	3,730	3,730	4,000
Other Income (b)	238	238	500
Total Income	242,556	232,556	277,750

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
 (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)

\$10,000 from Commissioner Discretionary Funds

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.  
 Wildlife Sanctuary Fundraising

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	9	9	10
Salaries and Wages	37,575	37,575	47,500
Employee Benefits	0	0	0
Professional Services	5,501	5,501	6,000
Contractual Services	80,783	80,783	110,500
Travel Expenses	0	0	0
Rentals and Leases	0	0	0
Communication	1,973	1,973	2,100
Postage and Freight	1,968	1,968	2,100
Printing and Binding	1,968	1,968	2,400
Marketing and Promotion	238	238	300
Fuel	0	0	0
Supplies	58,261	58,261	75,000
Event Expenses	10,796	10,796	11,000
Capitalizable Assets for County Funding (a)	0	0	0
Other Expenses (b)	17,832	17,832	19,500
<b>Total Expenses</b>	<b>216,895</b>	<b>216,895</b>	<b>276,400</b>
Net Income - (Revenue minus Expense)	25,661	15,661	1,350

- (a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. N/A
- (b) Please explain any request listed in the "Other Expenses" line item. Licenses/Taxes, vet services, depreciation, insurance

**BUDGET QUESTIONS**

- 1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? Jan 1 to Dec 31
- 2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements.

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- 3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?

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- 4. Please list the salary of the top 5 employees, names, and positions of your organization.

Name	Position	Salary
Dorothy Kaufmann	Director, full time	37,000
Emily Holden	Hospital Manager, full time	30,000
Sabrina Rovnyak	Animal Care, part time	13,500
Rylee Gibbs	Animal Care, part time	12,000
Maddy Muir	Animal Care, part time	12,000

- 5. Please provide the total amount of cash and investments on hand. \$587,165 (2021 report 990)
- 6. Does your organization charge fees for services? If so, provide a list of fees charged.  
Fees for scheduled class presentations and programs as well as guided tours
- 7. Does your organization require background checks from volunteers and staff? No

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: N/A

1.What is your agency's Strategic Plan? \_\_\_\_\_

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2.How many jobs were created this year over last year by zip code? \_\_\_\_\_

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3.What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_

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4. What are your agency's statistics on business creation and minority businesses by zip code?

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5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

*Dorothy Kaufmann*

Director, Wildlife Sanctuary of Northwest Florida, Inc  
March 27, 2023

Title

Date

## 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. <b>Wildlife Sanctuary of Northwest Florida, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> 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) ▶ _____ <b>Note.</b> 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.) <b>105 North S Street</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Pensacola FL 32505</b>	
	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.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
5	9	-	2	2	2	2	3	0	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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Dorothy W Kaufmann</i>	Date ▶ <i>6-2-2022</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](http://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.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</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	<b>C</b> Name of organization <b>Wildlife Sanctuary of Northwest Florida, Inc.</b>		<b>D</b> Employer identification number <b>59-2222303</b>
	Doing business as		<b>E</b> Telephone number <b>850-433-9453</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>105 North S Street</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>Pensacola FL 32505</b>		<b>G</b> Gross receipts \$ <b>758,068</b>
<b>F</b> Name and address of principal officer: <b>Dorothy W Kaufmann 105 North W Street Pensacola FL 32505</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> 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			
<b>J</b> Website: <b>www.pensacolawildlife.com</b>			<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To provide a safe haven for injured and orphaned wildlife, provide rehabilitation and release, when possible, and to foster public awareness and appreciation of wildlife.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>8</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>8</b>		
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>1</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>75</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>		
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>232,411</b>	<b>755,884</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>3,730</b>	<b>2,184</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<b>0</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>236,141</b>	<b>758,068</b>	
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>37,575</b>	<b>38,216</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>7,354</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>179,320</b>	<b>233,451</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>216,895</b>	<b>271,667</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>19,246</b>	<b>486,401</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>756,288</b>	<b>1,240,293</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,226</b>	<b>980</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>755,062</b>	<b>1,239,313</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>Dorothy W Kaufmann</b>	Date			
	Type or print name and title <b>Executive Director</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Scott A. Egstad CPA</b>	Preparer's signature <b>Scott A. Egstad CPA</b> <i>SE</i>	Date <b>05/10/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00038995</b>
	Firm's name <b>Scott Egstad &amp; Company, PA</b>	Firm's EIN <b>59-3332999</b>	Firm's address <b>4300 Bayou Blvd Ste 26 Pensacola, FL 32503-2671</b>	Phone no. <b>850-332-6850</b>	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**To provide a safe haven for injured and orphaned wildlife, provide rehabilitation and release, when possible, and to foster public awareness and appreciation of wildlife.**

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 \$ **246,343** including grants of \$ ) (Revenue \$ )

**To provide care for hurt and abandoned wildlife.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

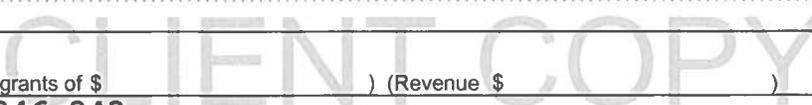
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **246,343**



**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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 donor-restricted endowments or in 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?		
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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

**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 on 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
<b>1a</b>	<b>8</b>		
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 on Schedule O.			
<b>1b</b>	<b>8</b>		
Enter the number of voting members included on line 1a, above, who are independent.			
<b>2</b>			<b>X</b>
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?			
<b>3</b>			<b>X</b>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
<b>7b</b>			<b>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?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>8a</b>		<b>X</b>	
a The governing body?			
<b>8b</b>		<b>X</b>	
b Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<b>X</b>
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>			<b>X</b>
Did the organization have local chapters, branches, or affiliates?			
<b>10b</b>			
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?			
<b>11a</b>			<b>X</b>
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>12a</b>			<b>X</b>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b>			<b>X</b>
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
<b>12b</b>			
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>12c</b>			
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.			
<b>13</b>			<b>X</b>
Did the organization have a written whistleblower policy?			
<b>14</b>			<b>X</b>
Did the organization have a written document retention and destruction policy?			
<b>15</b>			
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?			
<b>15a</b>			<b>X</b>
a The organization's CEO, Executive Director, or top management official			
<b>15b</b>			<b>X</b>
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>			<b>X</b>
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>16b</b>			
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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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

**Dorothy W Kaufmann**  
**Pensacola**

**105 North W Street**

**FL 32505**

**850-433-9453**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Molly O'Connor ..... President	5.00 0.00	X		X				0	0	0
(2) Debbie Barnard ..... Vice President	5.00 0.00	X		X				0	0	0
(3) Frances Webb ..... Secretary	5.00 0.00	X		X				0	0	0
(4) Diane Wahlquist ..... Treasurer	10.00 0.00	X		X				0	0	0
(5) Robert Jordan ..... Director	2.00 0.00	X						0	0	0
(6) Mary Jones ..... Director	2.00 0.00	X						0	0	0
(7) Ellen Odom ..... Director	2.00 0.00	X						0	0	0
(8) John Kaufmann ..... Director	2.00 0.00	X						0	0	0
(9) Dorothy W Kaufmann ..... Executive Director	40.00 0.00			X				35,500	0	0
(10)										
(11)										

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	46,135		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	709,749		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 35,572		
	<b>h Total. Add lines 1a-1f</b>			<b>755,884</b>		
<b>Program Service Revenue</b>			Business Code			
	2a					
	b					
	c					
	d					
	e					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3		Investment income (including dividends, interest, and other similar amounts)	2,184		2,184
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a	Gross rents	(i) Real			
			(ii) Personal			
			6a			
	b		Less: rental expenses	6b		
	c		Rental inc. or (loss)	6c		
	d		Net rental income or (loss)			
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
			7a			
	b		Less: cost or other basis and sales exps.	7b		
	c		Gain or (loss)	7c		
	d		Net gain or (loss)			
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
b		Less: direct expenses	8b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities. See Part IV, line 19	9a			
b		Less: direct expenses	9b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	10a			
b		Less: cost of goods sold	10b			
c		Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>			Business Code			
	11a					
	b					
	c					
	d		All other revenue			
e		<b>Total. Add lines 11a-11d</b>				
<b>12 Total revenue. See instructions</b>			<b>758,068</b>	<b>0</b>	<b>0</b>	<b>2,184</b>

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**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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	35,500	26,625	5,325	3,550
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	2,716	2,037	407	272
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,403		5,403	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,262	12,262		
12 Advertising and promotion				
13 Office expenses	2,939	1,469	735	735
14 Information technology				
15 Royalties				
16 Occupancy	21,007	19,248	1,759	
17 Travel	1,552	1,552		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,690	2,690		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,641	8,195	1,446	
23 Insurance	8,503	7,228	1,275	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Employee Leasing</b>	103,708	103,708		
b <b>Wildlife Feed</b>	48,210	48,210		
c <b>Supplies</b>	10,043	10,043		
d <b>Fundraising</b>	2,797			2,797
e All other expenses	4,696	3,076	1,620	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>271,667</b>	<b>246,343</b>	<b>17,970</b>	<b>7,354</b>
26 <b>Joint costs.</b> 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)				

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	36,348	1	38,823
	2	Savings and temporary cash investments	472,921	2	461,163
	3	Pledges and grants receivable, net	3,899	3	4,990
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,641	9	2,695
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 342,849		
	b	Less: accumulated depreciation	10b 187,278	10c	155,571
	11	Investments—publicly traded securities	77,896	11	577,051
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	756,288	16	1,240,293	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,226	17	980
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	<b>Total liabilities.</b> Add lines 17 through 25	1,226	26	980
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	755,062	27	1,239,313
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	755,062	32	1,239,313
33	<b>Total liabilities and net assets/fund balances</b>	756,288	33	1,240,293	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	758,068
2	Total expenses (must equal Part IX, column (A), line 25)	2	271,667
3	Revenue less expenses. Subtract line 2 from line 1	3	486,401
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	755,062
5	Net unrealized gains (losses) on investments	5	-2,150
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,239,313

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

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**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Wildlife Sanctuary of Northwest  
Florida, Inc.**

Employer identification number

**59-2222303**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	191,245	250,932	249,286	232,411	755,884	1,679,758
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	34,576	34,576	34,576	34,577	34,577	172,882
<b>4 Total.</b> Add lines 1 through 3	225,821	285,508	283,862	266,988	790,461	1,852,640
<b>5</b> 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)						435,956
<b>6 Public support.</b> Subtract line 5 from line 4						1,416,684

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	225,821	285,508	283,862	266,988	790,461	1,852,640
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,316	3,324	2,314	3,730	2,184	14,868
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						1,867,508

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 75.86%

**15** Public support percentage from 2021 Schedule A, Part II, line 14 15 98.74%

**16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

**14** First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3% support tests—2022. 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—2021. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on 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>		
c	Did a disqualified person (as defined on 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>		
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 line 10b 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)

- 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 on lines 11b and 11c below, the governing body of a supported organization?
  - b A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, 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.

	Yes	No
1		
2		
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 governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).

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**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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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**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.)

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**Schedule B  
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue ServiceAttach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>Wildlife Sanctuary of Northwest Florida, Inc.</b>	Employer identification number <b>59-2222303</b>
--------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

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Name of organization

**Wildlife Sanctuary of Northwest**

Employer identification number

**59-2222303**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Wendy Anne Whitehouse Rev Trust 8495 Silverview Ct Lorton VA 22079	\$ 453,733	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Isolde Cain IRA Isolde Caine 164 Cottage View Dr Pensacola FL 32507	\$ 56,923	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Estate of Kim Stevens 1800 E Baars St Pensacola FL 32503	\$ 17,763	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.)

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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Wildlife Sanctuary of Northwest Florida, Inc.

Employer identification number

59-2222303

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows 2a-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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB 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 make 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 program
  - 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 .....             | <b>1c</b> ..... |
| d Additions during the year .....     | <b>1d</b> ..... |
| e Distributions during the year ..... | <b>1e</b> ..... |
| f Ending balance .....                | <b>1f</b> ..... |
- 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 Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations .....	<b>3a(i)</b> .....	.....
(ii) Related organizations .....	<b>3a(ii)</b> .....	.....
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b> .....	.....

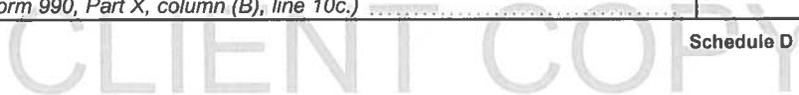
4 Describe in Part XIII the intended uses of the organization's endowment funds.

**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>40,361</b>		<b>40,361</b>
b Buildings .....				
c Leasehold improvements .....		<b>302,488</b>	<b>187,278</b>	<b>115,210</b>
d Equipment .....				
e Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **155,571**



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Florida, Inc.**

Employer identification number

**59-2222303**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )	<b>X</b>	<b>1</b>	<b>35,572</b>	<b>Wildlife Food &amp; Supplies</b>
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 V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

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**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

**Wildlife Sanctuary of Northwest  
Florida, Inc.**

Employer identification number

**59-2222303**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
Reviewed by Executive Director and Treasurer before filing.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
The organization makes its documents available to the public upon request.**

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Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

**Wildlife Sanctuary of Northwest  
Florida, Inc.**

Taxpayer Identification Number

**59-2222303**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 195,576	709,749	514,173
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 36,835	46,135	9,300
	4. Program service revenue	4.		
	5. Investment income	5. 3,730	2,184	-1,546
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 236,141	758,068	521,927
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.	35,500	35,500
	16. Salaries, other compensation, and employee benefits	16. 37,575	2,716	-34,859
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 15,667	17,665	1,998
	19. Occupancy, rent, utilities, and maintenance	19. 10,796	21,007	10,211
	20. Depreciation and Depletion	20. 7,901	9,641	1,740
	21. Other expenses	21. 144,956	185,138	40,182
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 216,895	271,667	54,772
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 19,246	486,401	467,155
<b>Other Information</b>	24. Total exempt revenue	24. 236,141	758,068	521,927
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 3,730	2,184	-1,546
	27. Total assets	27. 756,288	1,240,293	484,005
	28. Total liabilities	28. 1,226	980	-246
	29. Retained earnings	29. 755,062	1,239,313	484,251
	30. Number of voting members of governing body	30. 8	8	
	31. Number of independent voting members of governing body	31. 8	8	
	32. Number of employees	32. 1	1	
	33. Number of volunteers	33. 75	75	

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Form **990**

**Tax Return History**

**2022**

Name **Wildlife Sanctuary of Northwest Florida, Inc.**

Employer Identification Number **59-2222303**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	191,245	250,932	231,874	232,411	755,884	
Membership dues						
Program service revenue			69,059			
Capital gain or loss		-398				
Investment income	3,316	3,324	2,313	3,730	2,184	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>	<b>194,561</b>	<b>253,858</b>	<b>303,246</b>	<b>236,141</b>	<b>758,068</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.					35,500	
Other compensation	37,931	32,233	35,781	37,575	2,716	
Professional fees	7,395	16,643	12,325	15,667	17,665	
Occupancy costs	12,242	11,864	12,456	10,796	21,007	
Depreciation and depletion	15,798	15,146	14,018	7,901	9,641	
Other expenses	157,300	192,395	170,428	144,956	185,138	
<b>Total expenses</b>	<b>230,666</b>	<b>268,281</b>	<b>245,008</b>	<b>216,895</b>	<b>271,667</b>	
<b>Excess or (Deficit)</b>	<b>-36,105</b>	<b>-14,423</b>	<b>58,238</b>	<b>19,246</b>	<b>486,401</b>	
Total exempt revenue	194,561	253,858	303,246	236,141	758,068	
Total unrelated revenue						
Total excludable revenue	3,316	2,926	71,372	3,730	2,184	
Total Assets	653,864	641,721	700,133	756,288	1,240,293	
Total Liabilities	840	1,188	1,728	1,226	980	
Net Fund Balances	653,024	640,533	698,405	755,062	1,239,313	

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**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
Interest	\$ 879					
Total	\$ 879					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
Dividend Income	\$ 1,305					
Total	\$ 1,305					

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## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contract Labor	\$ 12,262	\$ 12,262	\$	\$
Total	<u>\$ 12,262</u>	<u>\$ 12,262</u>	<u>\$ 0</u>	<u>\$ 0</u>

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Telephone	\$ 2,126	\$ 1,807	\$ 319	\$
Licenses and Taxes	1,301		1,301	
Medical Supplies	1,269	1,269		
Total	<u>\$ 4,696</u>	<u>\$ 3,076</u>	<u>\$ 1,620</u>	<u>\$ 0</u>

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
Escambia County Contributions	\$ 46,135
Wendy Anne Whitehouse Rev Trust	171,330
Cash Contribution	453,733
Isolde Cain IRA	56,923
Cash Contribution	10,000
Robert Ellis Living Trust	17,763
Cash Contribution	
Estate of Kim Stevens	
Cash Contribution	
Total	<u>\$ 755,884</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
George Wilkins Estate	\$	\$
Jean Leib		
Wendy Anne Whitehouse Rev Trust	453,733	416,383
Isolde Cain IRA	56,923	19,573
Robert Ellis Living Trust	10,000	
Estate of Kim Stevens	17,763	
Total	\$ <u>538,419</u>	\$ <u>435,956</u>

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## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
Interest	\$ 879
Dividend Income	1,305
Total	<u>\$ 2,184</u>

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21

Chappie James Museum – A Visit with General  
Chappie James



April 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2023

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Saturday, April 1, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2023  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Saturday, April 1, 2023.**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

## **APPLICATION CHECKLIST**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2020 or 2021 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2019 tax return along with explanation for late filing.
- Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

## **GENERAL INFORMATION**

Agency Name: Chappie James Museum of Pensacola Inc.

Agency Address: 1606 Dr. Martin Luther King Drive Pensacola FL 32503

Program Name for which funding is being requested: A visit with General Chappie James

Amount Requested: \$50,000.00

Program Contact: Dr. Marion Williams

Contact Email: [chappiejames6@gmail.com](mailto:chappiejames6@gmail.com) Contact Phone: ( 850 )542-4721

25-Word Description of Program: A visit with General Chappie James will give visitors the historical, personal, and real experiences with the general through a dramatic interpretation in the museum of his words, philosophy, and exciting career as a Pensacola native son.

How many years has your organization been providing services in the County? 5 years

How many years has your organization received funding from the County? 0

Explain how receiving funds from the County would have a significant impact on your organization: 1. Funding will allow us to increase visitors, the public, and tourists to the museum while serving the Pensacola community (seniors, local population, and military families). 2. Funding would help us to provide an exciting and dramatic portrayal of the contributions that General Chappie James made to United States of America. 3. Funding would help pay for presentations, advertising, script development/research and development of Chappie's life, marketing, props, and materials for costumes.

## **PRIOR YEAR FUNDING**

(If none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: N/A

Briefly discuss how last year's funds were used? N/A

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? N/A

## **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? This program increases the educational awareness of General Chappie James life-long achievements and contributions which compliment his legacy as an American hero.

Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: N/A

## **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: 1). We work with the Florida African American Historic Preservation Network (FAAHPN). They provide funding and technical assistance resources. 2) The City of Pensacola, the Parks and Recreation Department and the CRA Community Redevelopment Agency provide maintenance and care of the building. 3). Working with UWF Historical Trust, they provided marketing and technical support for the African American Cultural experience.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. We are the only African American Heritage Museum in Florida who deals with the life and contribution of General Chappie James, Jr. Therefore, we are the role

model for the State of Florida.

**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 0%
- Percentage for direct programming costs: 100%

If Escambia County funding can only fund a portion of your request, how will you offset the difference? By using the FAAHPN funding, and donations from individuals, as well as free technical services from UWF marketing classes and others agencies.

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

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. N/A

**GOALS AND METRICS**

Provide "Specific and Measurable" metrics in the following three sections:

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year, use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY20	FY21	FY22	% Change
1.Increase visitors to museum (Pensacola community, local and out of town visitors).	377	25	400	20%

2. Attract and promote awareness of museum through marketing.	Radio	brochures	tv	flyers
3. Pay for the development of the program implementation.	Printing	Communication	Community involvement	Planning And coordinating

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY23
1. List and count visitors, (local and out of town). veterans and military families.	500
2. Using Marketing- advertisement survey data.	500
3. Record – count sign- in data sheets, social media contacts, and use of zip code data. Survey data of visitors on evaluation of program.	Website, Social Media, Evaluate sheets

\*Note – our museum tour has 3, (30)-minute parts we are adding a fourth visit with General Chappie James.

1. Frequency of counting visitors' attendance.
2. Evaluation of program with rate of effectiveness by survey data.
3. Frequency count of marketing/advertisements provided by media and collection of zip codes.

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY22
1. N/A	
2.	
3.	

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2021	Current Budget Year FY 2022	Proposed Budget Year FY 2023
Contributions/Donations from Private Sources	\$15,941.75	\$2,700.00	\$5000.00
Programmatic Income Fundraiser	14,566.75	0	\$20,000.00
County Funding/Direct Contribution	0	0	\$50,000.00
County Funding by Other Source (a) MAY	\$1,500.00	0	\$1500.00
City Funding	0	0	0
Local Non-Profit Funding	0	\$25,435.00	\$25,435.00
State Funding FAAHPN	\$9707.00	\$14,000.00	\$14,000.00
Federal Funding	0	0	0
Memberships	\$600.00	\$300.00	\$600.00
Investment Income	0	0	0
Other Income (b) savings	\$21,305.00	\$21,306.00	\$21,306.00
Total Income	\$32, 258.98	\$64,000.00	\$100,306.00

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) N/A

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. Savings account \$21,306.00.

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2021	Current Budget Year FY 2022	Proposed Budget Year FY 2023
Total Number of Staff	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	\$500.00	\$500.00
Rentals and Leases	\$100.00	\$100.00	\$100.00
Communication	\$1,416.00	\$1500.00	\$1500.00
Postage and Freight	0	\$300.00	\$300.00
Repair and Maintenance	0	0	\$0
Printing and Binding	\$303.00	\$400.00	\$1,300
Marketing and Promotion	\$3,780.00	\$4000.00	\$4000.00
Fuel	0	0	0
Supplies	\$1,509.00	\$1509.00	\$1509.00
Expenses (county proposed program)	0	0	\$50,000.00
Capitalizable Assets for County Funding	0	0	0
Other Expenses (b) FAAHPN	\$7,546.00	14,000.00	\$14,000.00
Total Expenses	14,654.00	22,309.00	\$73,209.00
Net Income - (Revenue minus Expense)	0	0	\$27,097.00

(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. N/A

(b) Please explain any request listed in the "Other Expenses" line item. Savings account \$21,306.00

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, *State Fiscal Year*, or Fiscal Year? Fiscal Year
2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. None
3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? Take those funds for operational fund or turn funds in as required by the county policy.
4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary
N/A – Volunteers (No Salary)		

5. Please provide the total amount of cash and investments on hand. \$46,743.00
6. Does your organization charge fee for services? If so, provide a list of fees charged. No fee is charged, just donations from individuals. We are a 501(c)(3) organization.
7. Does your organization require background checks from volunteers and staff? No

## **ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A:

1. What is your agency's Strategic Plan? N/A
2. How many jobs were created this year over last year by zip code? N/A
3. What is the net cost per job created? N/A

## **A Page Summary of the “Visit with General Chappie James” Program**

**“A VISIT WITH CHAPPIE” gives to visitors to the Museum a fun, historical, personal, and real experience with U.S.A.F. Four Star General Daniel “Chappie” James Jr., through a dramatic interpretation (four actors/docents) in the museum on the grounds and in the community. Visitors get to experience the “real” Chappie, hear his stories as a young man, and get a first-hand insight on his exciting military career. “A Visit with Chappie” takes visitors to the museum out of the history books and into present day (interactive) of Pensacola’s native son and American Hero.**

**The Actors/docents will stress Five Guiding Principles of the Tuskegee Airmen in their presentation:**

- **Aim High**
- **Believe in yourself and others**
- **Use your brain**
- **Be ready to go**
- **Never Quit (11<sup>th</sup> Commandment)**

**ADDITIONAL QUESTIONS**

1. What was done by your agency to address the "Pockets of Poverty"? We Invite the community which include low-income person(s), school groups, home schoolers, at risk groups, military families and disabled persons, while educating the community on the life of Chappie James.
2. Did your agency receive any grants? List the amount and a detailed use of the grants. FAAHPN provides funding (\$10,577.00) through internships, exhibitions, professional and technical resources.
3. Was there any increase in membership for the local chambers? NA
4. What are your agency's statistics on business creation and minority businesses by zip code? N/A
  
5. Can we reduce the taxpayer subsidy? NA

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

Dr. Marion Williams (850)712 -0284  
Name

President, Chappie James Museum of  
Pensacola, Inc 4/1/2023

Title

Date



46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**  Yes  No

**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 . . . . . **47**  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

b If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

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/1099-NEC)	(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 . . . . . **f** \_\_\_\_\_

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 . . . . . **d** NONE

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  Signature of officer: Dianne P. Robinson Date: 7-31-2022  
 Type or print name and title: Dianne P. Robinson 7/31/2022

**Paid Preparer Use Only**  
 Print/Type preparer's name: Dianne P. Robinson Preparer's signature: Dianne P. Robinson Date: 7-31-22 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: Chappie James Museum of Pensacola Inc. Firm's EIN: 48-5189042  
 Firm's address: 1606Dr.MartinLutherKingJr.Drive, Pensacola Florida, 32503 Phone no.: 850-542-4721

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	35b	<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>	37a	
b Did the organization file Form 1120-POL for this year? . . . . .	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>The State of Florida</u>		
42a The organization's books are in care of ▶ <u>Dianne P. Rpbinson</u> Telephone no. ▶ <u>850-542-4721</u> Located at ▶ <u>1606 Dr. Martin Luther King Jr. Drive, Pensacola, Florida 32503</u> ZIP + 4 ▶ _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
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 ▶ _____	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .	45b	<input checked="" type="checkbox"/>

Date: OCT 06 2014

CHAPPIE JAMES MUSEUM OF PENSACOLA  
INC  
1422 N 6TH AVE  
PENSACOLA, FL 32503-5504

Employer Identification Number:  
46-5189042  
DLN:  
17053182366004  
Contact Person:  
MARIA S TRITCH ID# 31549  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
December 27, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations

Letter 947

**SCHEDULE A  
(Form 990)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Chappie James Museum Of Pensacola Inc.

Employer identification number

48-5789042

**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).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 9  An 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 on 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) None						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Chappie James Museum of Pensacola Inc.

Employer identification number

46-5189042

PART 1-1 , Cobritions \$5,725.00, Gifts \$1502.37, Grants \$9,707.74 amount Received Total \$16,934.00

PART1-3,4,5c Membership dues \$200.00, assets \$50.75

PART 1-6b, Fundraising Event reported \$30, 754.00, with a direct expenses\$16,187.25, received a Total of \$14,566.75

PART 1-10 Grant from (FAAHPN) Florida African American Historical Presevation Network funded a intern person who get paid a Stipend yearly \$4,800.00, to include Exhibits display items,arts, artifacts and museum work for \$4,907.74 disbrused a total of \$9,707.74 for the year of :

PART 1-16 Other Expenses-Brought Office Equipment -2 Lap-top Computers \$799.98, Printer\$573.40, P.A. System\$859.93, Computer table, \$109.06, ladder\$101.96, these items was allowed for the Intern, and Volunteeer personto used for communicationduring the COVID-19 , Virtual concepts. the total amount of equipments was \$2,233.31to include Office Supplies-Softwareservices, ink, and COVID-19 supplies accord to CDC requirement \$962.45 with the disbrustment of \$3,211.49

PART1-20 Net Assesftot the fund balance include a Saving Account-total 21,301.32

PART11- 24and 26 Balance \*\*\*\*\*

PART V -35b Explanation is that I am filing a 990EZ for2020



**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2021**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Chappie James Museum of Pensacola Inc.

Employer identification number

485789042

Revenue: Contributions, Gifts, Grants And amounts received \$24,804.00

Memberships \$100.00 each (6 members) \$600.00

Bank Saving Account- \$21,303.00

TOTAL \$46,707.00

EXPENSES: Part I

Line 13 was a cost for the TUSKEGEE AIRMEN & REDTAILS Exhibit, that tell the story of General James contributions to United State militar life. The Cost for the Exhibit was \$6,701.00

Utilites \$1,416.00

Printing and Postal \$357.00

Management Operations \$11,276.00

TOTAL \$19,650.00

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Chappie James Museum</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-profit corporation IRS exempt per 501(c) 3</b>	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.) See instructions. <b>1606 Dr.Martim Luther King Jr. Dr</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Pensacola, FL 32503</b>	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
4	6		5	1	8	9	0	4	2

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Marion Williams, III, ret.</i>	Date ▶ <i>7/29/2022</i>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

Date: OCT 06 2014

CHAPPIE JAMES MUSEUM OF PENSACOLA  
INC  
1422 N 6TH AVE  
PENSACOLA, FL 32503-5504

Employer Identification Number:  
46-5189042  
DLN:  
17053182366004  
Contact Person:  
MARIA S TRITCH ID# 31549  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
December 27, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020

B Check if applicable: [ ] Address change, [ ] Name change, [x] Initial return, [ ] Final return/terminated, [ ] Amended return, [ ] Application pending. C Name of organization: Chappie James Museum of Pensacola Inc. D Employer identification number: 465189042. E Telephone number: 850 542-4721. F Group Exemption Number: [ ]

G Accounting Method: [ ] Cash, [x] Accrual, Other (specify) [ ]. H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.chappiejamesmuseum.org. J Tax-exempt status (check only one) - [x] 501(c)(3), [ ] 501(c) ( ) (insert no.), [ ] 4947(a)(1) or [ ] 527.

K Form of organization: [x] 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$47,866.00.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) [x]. Check if the organization used Schedule O to respond to any question in this Part I [x].

Table with 21 rows and 2 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Values include 17,441.00, 200.00, 2.04, 48.71, 14,566.75, 32,258.98, 12,609.00, 35,257.00, 47,866.00.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Office Manager -Dianne P. Robinson Telephone no. 850-542-4721
Located at 1606 Dr. Martin Luther King Jr. Drive, Pensacola, Florida ZIP + 4 32503-
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.

22

Re-Entry Alliance of Pensacola – REAP’s Day  
Reporting Center



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024 Dear

Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not replace the Tourist Development Council requirements for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application checklist** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the information below and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serves residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless the organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serve a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure, or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events, or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9
- Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with an explanation for late filing.

\_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent reward date.

## **GENERAL INFORMATION**

**Agency Name:** RE-ENTRY ALLIANCE PENSACOLA, INC. (REAP)

**Agency Address:** PO BOX 13224, PENSACOLA, FL, 32591-3224. U.S.A.

**Program Name for which funding is being requested:** REAP'S DAY REPORTING CENTER - "DRC"

**Requested:** \$200,000

**Program Contact:** VINCENT J. WHIBBS, JR

**Contact Email:** VINCEWHIBBS@REAPREENTRY.ORG

**Contact Phone:** 850-324-6667

**25-Word Description of Program:** Construct a Day Reporting Center for persons arrested on charges for which incarceration until the trial date/disposition of their case may not be necessary.

**How many years has your organization been providing services in the County?** 10 Years

**How many years has your organization received funding from the County?** None

**Explain how receiving funds from the County would have a significant impact on your organization:**

REAP has as its mission to "improve the safety and quality of life in Northwest Florida by addressing the needs of marginalized, less fortunate individuals and those returning from incarceration so that they can become self-sufficient and productive citizens and neighbors". For the past 10 years, REAP has developed an Intensive Case Management Program that assists returning citizens back into our community. REAP has established a successful record doing this with a recidivism rate as calculated by the Florida Department of Corrections as less than 8%. To date, REAP has assisted more than 1650 men and women with successful reentry. The opening of the Day Reporting Center addresses another facet of reentry, with a program offering a highly structured environment.

**PRIOR YEAR FUNDING:** N/A

(If none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable:

Briefly discuss how last year's funds were used.

Briefly discuss the County's Return on Investment relative to last year's funding. In other words, what impact did your program have on the citizens of Escambia County?

## **CURRENT YEAR REQUEST**

**Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?**

For more than 10 years, REAP has provided a complete program of reentry services to individuals returning to Escambia County from incarceration in state prison facilities. REAP is an approved Community Service Hour supervisor. REAP staff have worked very closely with state and county probation officers, area law enforcement officers, and judicial officers for the past 10 years.

The United States of America has the highest reported incarceration rate per capita of any country in the world. Florida state prison facilities house about 100,000 inmates, nearly double the maximum capacity. Escambia County's newly constructed jail is having difficulty meeting its current needs. Considering the growing prison populations, court-ordered capacity limits on jails and prisons, and tight governmental budgets, there is a considerable need for correctional intervention.

This Funding Request Application proposes to establish a "justice-involved" alternative program including elements of a Day Reporting Center for state technical offense Violation of Probation (VOP), a pre-trial diversion program, pre-trial or sentenced habitual misdemeanor or traffic offenses, minor substance-abuse-related offenses, driving under the influence (DUI), and county VOP. A Day Reporting Center can minimize the typical costs of incarcerating individuals for a technical VOP or arrested on charges for which incarceration until trial or other disposition of their case is not necessary. It is estimated that the total savings to Escambia County taxpayers generated by an effective and well-utilized Day Reporting Center could be between \$1,500,000 and \$2,000,000 annually. Such a system would also free up jail space and eliminate the need to house county prisoners in other outside facilities. Most importantly, the individuals assigned to the Day Reporting Center instead of being incarcerated will be able to keep their job, maintain a regular income, and remain with and continue to support their families.

**Is your program a governmental function or requirement? If a governmental request, please cite regulatory/statutory requirement. Please explain:**

Promoting the safety and quality of life in Northwest Florida is certainly a governmental function. The proper functioning and administration of the justice system is a prerequisite for ensuring a safe community. Utilization of the Day Reporting Center will be a major factor in the efficient administration of justice in Escambia County.

## **SIMILAR/PARTNER ORGANIZATIONS**

**List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:**

REAP has collaborative agreements with Waterfront Rescue Mission, Bright Bridges Ministries, Community Health of NWFL, and Opening Doors NWFL, Inc. to assist the area's marginalized and less fortunate individuals. REAP is the only organization in Escambia County to also concentrate on the holistic needs of individuals returning from incarceration.

**Explain how you are the best-partnering agency for your program. Please differentiate your program from a similar program.**

REAP provides the most comprehensive reentry program in Escambia County for individuals who have recently been released from state incarceration. REAP has an established success record of more than 10 years of continuous service, with a remarkable success rate: less than 10% of individuals who have completed our Intensive Case Management Program return to incarceration (either because of a Violation of

Probation or by receiving an added charge) within two years of admission to the program. We provide complete transitional services for both men and women, have adopted a broad-reaching anti-discrimination policy, and typically accept all applicants regardless of the type of crime, criminal history, or sexual identity. There are several other reentry programs in our county as well as programs ( ACTS, Heavenly Blessings, Master's Touch) that work with specific segments of society (pre-release, alternative sentencing, families, juveniles), but none that will work with the volume or breadth of clients that REAP serves.

REAP has now provided reentry services to more than 1650 individuals returning from incarceration in Florida state prisons through its Intensive Case Management Program. In our most recent report to the Florida Department of Corrections and the Governor's Office of Policy and Budget, REAP's statistics show that in the 2021-2022 fiscal year, REAP accepted 225 clients with less than a 10% recidivist rate (we prefer to say 90% success rate). The requested County funding will allow REAP to expand its services to include other "justice-involved" individuals. These services could include alternatives for individuals in the following categories, 1) Violation of Probation(VOP) hearings for technical violations; 2) pre-trial diversion programs; 3) day reporting for non-violent minor felonies; and 4) alternative work-release programs, all of which could be incorporated into a modified Day Reporting Center concept.

The services which would be provided through the Day Reporting Center would include all intake registration; a basic needs assessment; job skills assessment; development of an individualized compliance plan; scheduling and monitoring or check-in service as required by the appropriate Court; urinalysis and breathalyzer testing; referrals to Alcoholics Anonymous, Celebrate Recovery, Narcotic Anonymous, Cocaine Anonymous, Bright Bridges Ministries for hot meals, Manna Food Bank for food, St. Vincent de Paul for clothing, Community Health NWFL for medical treatment, and to Lakeview Center for mental health issues.

Other services provided at the REAP Day Reporting Center will include classes in Anger Management, Finance Management, Employment and Resume, and classes related to relationship issues. Additionally, the Day Reporting Center would be able to refer its clients to specific education, programming, counseling for substance abuse treatment, anger management, a batterer's intervention program, or electronic monitoring, as imposed by the Court as a condition for eligibility for the Day Reporting Center Program (or a condition of probation), and these would be solely at the cost of the client.

## **FUNDING**

**Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries related to the approved program are eligible for funding.***

- **Percentage for salaries/administrative costs:** 55%
- **Percentage for direct programming costs:** 45%

**If Escambia County funding can only fund a portion of your request, how will you offset the difference?**

Traditionally, REAP's funding comes from a myriad of sources: Florida Department of Corrections provides 40% of REAP's income under a specific appropriation; program fees provide 15%, Foundations provide 20%, with the balance coming from individual contributions, civic organizations, and governmental units. REAP constantly strives to increase our donor/grantor base and develop new sources of revenue to meet our needs. Our commitment is to generate whatever amount of revenue is required to accomplish our mission of improving the safety and quality of life in Northwest Florida by enabling individuals to return from incarceration to be self-sufficient, crime-free, productive citizens and neighbors.

**If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:**

The amount requested is expected to be about one-tenth of REAP's overall budget, and about 60% of the specific program we propose.

**Is there a duplication of funding? Does your organization request funding from other local nonprofit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.**

REAP has benefited from two grants awarded by IMPACT 100 over the preceding four years. In 2023, REAP is requesting a grant from United Way of West Florida to assist with additional specialized case management resources. In the past, REAP has received funding not exceeding \$10,000 from Rotary Clubs, Home Depot, and prison ministries supported by area churches. Although it does not request funding from other local non-profit agencies, REAP relies very heavily on services provided by other local providers including Bright Bridges Ministries, Waterfront Rescue Mission, Catholic Social Services, Sunday's Child, Bob Barker Company Foundation, Al Stubblefield Family Foundation, Allen Turner Family Foundation, Sandy Sansing Foundation, and other civic groups. Because the Day Reporting Center as proposed will be a completely new program, there would be no duplication of services or funding.

**GOALS AND METRICS**

**Provide "Specific and Measurable" metrics in the following three sections:**

- Complete the Agency Metrics Scorecard below by listing up to three primary goals this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year, use the same metrics for consistent measurement. ALL agencies are required to fill out this template.**

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1. Reduce the number of persons incarcerated having bonds to less than \$2500.			30%	%
2. Reduce the average number of persons incarcerated awaiting a VOP hearing.			30%	%
3. Reduce the total cost to Escambia County of incarcerating individuals awaiting trial for specified misdemeanors and minor felonies.			40%	%

- Please list the goal performance measure(s) by which your organization will measure your program's success if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."**

Program Goals	FY24
1. The average number of persons incarcerated with Bonds less than \$2500 in the prior year compared to the year after the opening of the Day Reporting Center.	30% reduction

2. The average number of persons incarcerated with Bonds more than \$2500 in the prior year compared to the year after opening the Day Reporting Center.	30% reduction
3. Comparison of the number of days of incarceration for awaiting Violation of Probation hearings in the prior year to the year after the opening of the Day Reporting Center. Cost comparison between the prior year without the Day Reporting Center to the year after opening the Day Reporting Center.	40% reduction

3. **Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."**

Baseline for Goals	FY23
1. Total number of incarcerated in prior/current year having bonds with less than \$2500.	TBD
2. Total number of incarcerated awaiting Violation of Probation hearings in prior/current year.	TBD
3. Total number of incarcerated individuals charged with specific felonies and misdemeanors who could have been eligible for the Day Reporting Center program.	TBD

## BUDGET

Please fill out the requested information for the program you are requesting funding for. 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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			0
Programmatic Income			\$58,000
County Funding/Direct Contribution			\$200,000
County Funding by Other Sources			0
City Funding			0
Local Non-Profit Funding			\$50,000 (in-kind)
State Funding			\$36,500

Federal Funding			0
Memberships			0
Investment Income			0
Sheriff's Law Enforcement Trust			\$2,500
Total Income			\$347,000

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item.  
(Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)

Commissioner Bergosh Discretionary Fund \$2,500

Please explain by Fiscal Year any amount listed in the "Other Income" line item.

EXPENSES TABLE			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	NO PROGRAM	NO PROGRAM	1 DIRECTOR 3 PART-TIME
Salaries and Wages			\$156,000
Employee Benefits			\$35,880
Professional Services			\$36,000
Contractual Services			\$11,000
Travel Expenses			0
Rentals and Leases			\$18,000
Communication			0
Postage and Freight			0
Repair and Maintenance			0
Printing and Binding			0
Marketing and Promotion			0
Fuel			0

Supplies			\$60,000
Event Expenses			0
Capitalizable Assets for County Funding (a)			0
Other Expenses (b)			\$19,720
Total Expenses			\$336,600
Net Income - (Revenue minus Expense)			\$10,400

(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

NONE

(b) Please explain any request listed in the "Other Expenses" line item.

Insurance: \$12,000, Accountant: \$1,800, Corporate Fees: \$200, Education: \$1,200, Sales Tax: \$800, Banking Fees: \$120, Client Needs: \$3,600.

**BUDGET QUESTIONS**

1. Does your agency run Calendar Year, State Fiscal Year, or Fiscal Year?

REAP operates on a Calendar Year basis.

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statement:

None

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these leftover/residual funds?

The surplus represents a 4% contingency.

4. Please list the salary of the top 5 employees, names, and positions of your organization.

Name	Position	Salary
Executive Director	Vince Whibbs, Jr	\$100,000
Director of Operations	Richard Lynch	\$55,000
Executive Assistant/Office Manager	Melinda Heim	\$52,000
Program Director- Camp One, PFC, Bill Cross Center	Kevin Eason	\$50,000

Men's Program Director	Nicholas Buli	\$48,000
------------------------	---------------	----------

**5. Please provide the total amount of cash and investments on hand.**

The cash balance averages \$150,000 but it fluctuates during the month. We have no investments.

**6. Does your organization charge a fee for services? If so, provide a list of fees charged.**

Our agency charges a flat program fee of \$85 per week for individuals enrolled in REAP's Intensive Case Management Program. This amount covers housing, transportation, hygiene supplies, and client needs (medical co-pays, prescriptions, special tools, and clothing). The program fees are based on occupancy. There is no charge for the first two weeks following release, or until the client receives their first full paycheck. For individuals being released from GEO prison facilities, there are no fees for the first 60 days.

We anticipate charging fees to the individual participant in the REAP Day Reporting Center program, as follows: Once approved/assigned to the program, a one-time fee of \$100 as a registration fee. Individuals who cannot afford to pay the fee can work it off by performing community service credited at \$12.50/hr. Thereafter, a weekly fee of \$25 will be collected, again with the community service hour option; when tests are required to be performed by Court Order, or periodically as an unscheduled urinalysis or breathalyzer, \$10.00 per test. If the Court orders, or if conditions of probation require, the use of electronic monitoring, the cost of the device will be assessed to the participant.

**Does your organization require background checks from volunteers and staff?**

Yes, they are performed by the Florida Department of Corrections and by the Department of Children and Families. We are a Drug-Free Workplace, so random drug tests are performed periodically.

**ECONOMIC DEVELOPMENT AGENCIES**

**If you are an economic development agency, please complete the below supplemental questions. If**

**you are not an economic development agency, please mark N/A: N/A**

- 1. What is your agency's Strategic Plan?**
- 2. How many jobs were created this year over last year by zip code?**
- 3. What is the net cost per job created? \_\_\_\_\_**

**ADDITIONAL QUESTIONS (Economic Development)**

- 1. What was done by your agency to address the "Pockets of Poverty"?**
- 2. Did your agency receive any grants? List the amount and a detailed use of the funds.**
- 3. Was there any increase in membership for the local chambers?**
- 4. What are your agency's statistics on business creation and minority businesses by zip code?**
- 5. Can we reduce the taxpayer subsidy?**

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting the funding named above.

Vincent J. Whibbs, Jr

Name

Executive Director

3/8/23

Title

Date

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Re-Entry Alliance Pensacola, Inc.**

2 Business name/disregarded entity name, if different from above  
**REAP**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**P.O. Box 13224**

6 City, state, and ZIP code  
**Pensacola, FL 32591**

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-					
--	--	--	--	---	--	--	--	--	--

or

Employer identification number

3	8	-	3	9	0	8	3	8	3
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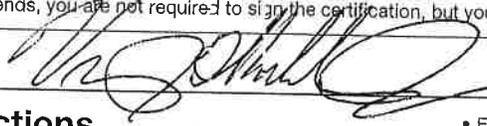
## Part II Certification

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 for Part II, later.

Sign Here

Signature of U.S. person ▶ 

Date ▶ **06-16-22**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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*, later.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 11 2014

RE-ENTRY ALLIANCE PENSACOLA INC  
C/O C REID BARRINEAU  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502

Employer Identification Number:  
38-3908383  
DLN:  
17053003372034  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 10, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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.

Letter 947

Form **990**

**FL HURRICANE IAN DR-4673-FL**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**  
**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

Check if applicable:  Address change  Name change  Initial return  Final return/terminated  Amended return  Application pending

**C Name of organization** **RE-ENTRY ALLIANCE PENSACOLA, INC.**

**D Employer identification number** **38-3908383**

Doing business as \_\_\_\_\_

**E Telephone number** **850-332-6677**

Number and street (or P.O. box if mail is not delivered to street address) **P.O. BOX 13224** Room/suite \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code **PENSACOLA FL 32591**

**F Name and address of principal officer:**  
**AL STUBBLEFIELD**  
**P.O. BOX 13224**  
**PENSACOLA FL 32591**

**G Gross receipts \$** **1,025,144**

**H(a) Is this a group return for subordinates?** Yes  No   
**H(b) Are all subordinates included?** Yes  No   
 If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **N/A**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **2013** **M State of legal domicile:** \_\_\_\_\_

**H(c) Group exemption number** ▶ \_\_\_\_\_

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**RE-ENTRY OF INCARCERATED PRISONERS.**

**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 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 2021 (Part V, line 2a) **5 19**

**6** Total number of volunteers (estimate if necessary) **6 80**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**

**b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b 0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	437,878	571,409
<b>9</b> Program service revenue (Part VIII, line 2g)	141,514	452,688
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33	47
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,225	1,000
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	580,650	1,025,144
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	248,558	410,484
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	200,042	653,010
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	448,600	1,063,494
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	132,050	-38,350
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 363,315	End of Year 322,568
<b>21</b> Total liabilities (Part X, line 26)	159,087	156,690
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	204,228	165,878

**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: *AL Stubblefield* Date: *1/25/23*

**AL STUBBLEFIELD** **PRESIDENT**  
 Type or print name and title

**Preparer Information:**  
 Print/Type preparer's name: **DONN G. SCOTT, C.P.A.** Preparer's signature: \_\_\_\_\_ Date: **01/16/23** Check  if self-employed  if PTIN **P00645283**

**Use Only** Firm's name ▶ **SCOTT, HOLMES & ASSOCIATES, P.A.** Firm's EIN ▶ **59-3421405**  
 801 WEST GARDEN ST  
 Firm's address ▶ **PENSACOLA, FL 32502** Phone no. **850-444-9800**

**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:

**RE-ENTRY OF INCARCERATED PRISONERS.**

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 \$ **575,814** including grants of \$ ) (Revenue \$ **159,686** )

**CLIENT HOUSING:**

**REAP SERVES FELONS ("CLIENTS") LEAVING INCARCERATION WHO USUALLY HAVE NO FUNDS OR SHELTER. WE RENTED 10 OLDER RESIDENCES AND DURING 2021 AVERAGED 725 RESIDENTS IN TRANSITIONAL HOUSING, ALLOWING THEM TO SLEEP. HAVE SEVERAL SETS OF WORKING CLOTHES, SHOWER AND PRESENT THEMSELVES FOR WORK, ALL OF WHICH IS NECESSARY TO ACHIEVE PRODUCTIVE LIVES AND NOT RETURN TO PRISON.**

4b (Code: ) (Expenses \$ **82,103** including grants of \$ ) (Revenue \$ **52,881** )

**THRIFT STORE OPERATIONS**

4c (Code: ) (Expenses \$ **364,927** including grants of \$ ) (Revenue \$ **240,121** )

**IN JULY OF 2021, WITH FUNDING FROM THE CARES ACT, REAP OPENED THE LODGES, WHICH IS A WOMEN AND CHILDREN'S TRANSITIONAL SHELTER HOUSED IN FACILITIES LEASED FROM THE SALVATION ARMY. ON A TYPICAL NIGHT, REAP PROVIDES A SAFE HOME, AN EVENING MEAL, AND A BREAKFAST SNACK TO MORE THAN 45 HOMELESS WOMEN AND CHILDREN. DURING THIS TIME, THIS AMOUNTED TO MORE THAN 15,500 NIGHT STAYS AND 15,000 MEALS PROVIDED TO PREVIOUSLY UNSHELTERED WOMEN AND CHILDREN. THE FACILITY IS PROTECTED WITH 24/7 SECURITY. FULL TIME STAFFING AT THE LODGES INCLUDES TWO EXPERIENCED CASE MANAGERS AND THREE PART-TIME STAFF AND SECURITY PERSONS.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **38,055** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **1,060,899**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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 donor-restricted endowments or in 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
a 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

Yes No

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	19		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note:</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</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)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			X
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note:</i> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	14		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
15a			X
b	Other officers or key employees of the organization		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)  
 Describe on 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 ►  
**AL STUBBLEFIELD**  
**PENSACOLA** P.O. BOX 13224  
**FL 32591** 850-332-6677

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LOIS BENSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) JACK DEMOSS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) WILLIAM DUNAWAY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) JOE HAMMONS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) RON JOHNSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) BRITT LANDRUM, JR.	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) PHILOMENA MADDEN	2.00									
SECRETARY	0.00	X		X			0	0	0	
(8) DAVID MCGEE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) SEAN PARKER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) RALPH PETERSON	3.00									
VICE PRES	0.00	X		X			0	0	0	
(11) ANDREA ROBERTS	1.00									
BOARD MEMBER	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) <b>FRED C. DONOVAN, SR.</b> BOARD MEMBER	1.00 0.00	X						0	0	0
(13) <b>AL STUBBLEFIELD</b> PRESIDENT	5.00 0.00	X		X				0	0	0
(14) <b>DICK BAKER</b> TREASURER	5.00 0.00			X				0	0	0
(15) <b>VINCE WHIBBS, JR.</b> EXEC DIRECTOR	40.00 0.00			X				0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>0</b>										

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	361,017			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	210,392			
	g Noncash contributions included in lines 1a-1f	1g	\$ 33,935			
	<b>h Total. Add lines 1a-1f</b>		<b>571,409</b>			
<b>Program Service Revenue</b>	2a <b>RAPID/TEMP HOUSING OPERATIONS</b>	Business Code 900099	231,218	231,218		
	b <b>CLIENT FEES</b>	900099	159,686	159,686		
	c <b>THRIFT STORE</b>	453310	52,881	52,881		
	d <b>HOMELESS MANAGEMENT OPERATION</b>	900099	8,903	8,903		
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>452,688</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		47		47	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11a <b>OTHER</b>	Business Code	1,000		1,000	
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>		<b>1,000</b>			
<b>12 Total revenue. See instructions</b>		<b>1,025,144</b>	<b>452,688</b>	<b>0</b>	<b>1,047</b>	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	410,484	410,484		
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 (nonemployees):				
a Management				
b Legal				
c Accounting	1,350	675	675	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	12,330	12,330		
14 Information technology				
15 Royalties				
16 Occupancy	10,811	10,811		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	23,986	23,986		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TEMPORARY EMERG OPERATION</b>	187,621	187,621		
b <b>RAPID REHOUSING</b>	172,539	172,539		
c <b>HOUSING</b>	107,269	107,269		
d <b>THRIFT STORE</b>	81,088	81,088		
e All other expenses	56,016	54,096	1,920	
5 Total functional expenses. Add lines 1 through 24e	1,063,494	1,060,899	2,595	0
6 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)				

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

38-3908383

### RE-ENTRY ALLIANCE PENSACOLA, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>204,228</u>
<b>Revenue</b>		
Contributions	<u>571,409</u>	
Program service revenue	<u>452,688</u>	
Investment income	<u>47</u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>          </u>	
Direct expenses	<u>          </u>	
Net income	<u>          </u>	
Other income	<u>1,000</u>	
<b>Total revenue</b>		<u>1,025,144</u>
<b>Expenses</b>		
Program services	<u>1,060,899</u>	
Management and general	<u>2,595</u>	
Fundraising	<u>          </u>	
<b>Total expenses</b>		<u>1,063,494</u>
<b>Excess / (deficit)</b>		<u>-38,350</u>
Changes		<u>          </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>165,878</u>

#### Reconciliation of Revenue

Total revenue per financial statements	<u>          </u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>1,025,144</u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>          </u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>1,063,494</u>

	Beginning	Ending	Differences
Assets	<u>363,315</u>	<u>322,568</u>	
Liabilities	<u>159,087</u>	<u>156,690</u>	
Net assets	<u>204,228</u>	<u>165,878</u>	<u>-38,350</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

**Scott, Holmes & Associates, P.A.**  
**801 West Garden St**  
**Pensacola, FL 32502**  
**850-444-9800**

January 16, 2023

**CONFIDENTIAL**

Re-Entry Alliance Pensacola, Inc.  
P.O. Box 13224  
Pensacola, FL 32591

Dear Al:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Scott, Holmes & Associates, P.A.

**Scott, Holmes & Associates, P.A.**  
**801 West Garden St**  
**Pensacola, FL 32502**  
**850-444-9800**

January 16, 2023

**CONFIDENTIAL**

Re-Entry Alliance Pensacola, Inc.  
P.O. Box 13224  
Pensacola, FL 32591

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/21.

Form 8868 (Application for Extension) .....	\$	No Charge
Form 8879-TE (IRS efile PIN Authorization) .....		No Charge
Form 990 (Exempt Organization Tax Return) .....		No Charge
Schedule A (Public Charity Status/Support) .....		No Charge
Schedule B (Schedule of Contributors) .....		No Charge
Schedule B, Part I (Contributors - Cash & Noncash) .....		No Charge
Schedule B, Part II (Contributors - Noncash Prop) .....		No Charge
Schedule D (Financial Statements) .....		No Charge
Schedule L (Transaction Interested Persons) .....		No Charge
Schedule M (Non-Cash Contributions) .....		No Charge
Schedule O (Supplemental Information) .....		No Charge
990 Return Summary .....		No Charge
Two Year Report (Form 990) .....		No Charge

Amount due \$ 0.00

## Filing Instructions

**Re-Entry Alliance Pensacola, Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2021**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Scott, Holmes & Associates, P.A.  
801 West Garden St  
Pensacola, FL 32502

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filer

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

## 2021

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

EIN or SSN  
**38-3908383**

Name and title of officer or person subject to tax  
**AL STUBBLEFIELD  
PRESIDENT**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one 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	<b>1,025,144</b>
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, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **SCOTT, HOLMES & ASSOCIATES, P.A.** to enter my PIN **08383** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

Date ▶ **01/16/23**

### 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.

**59328180180**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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.

's signature ▶

Date ▶ **01/16/23**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	270,494	1	187,166
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	640	7	655
	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 134,747		
	b Less: accumulated depreciation	10b	92,181	10c 134,747
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		363,315	16	322,568
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	9,187	22	6,790
	23 Secured mortgages and notes payable to unrelated third parties	149,900	23	149,900
	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 <b>Total liabilities.</b> Add lines 17 through 25		159,087	26
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	204,228	31	165,878
	32 <b>Total net assets or fund balances</b>	204,228	32	165,878
33 <b>Total liabilities and net assets/fund balances</b>		363,315	33	322,568

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,025,144
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,063,494
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,350
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	204,228
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	165,878

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Employer identification number

**38-3908383**

**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).)
- 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 on 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)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	256,832	368,021	378,277	437,878	571,409	2,012,417
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	74,645	59,373	75,772	141,514	452,688	803,992
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,515					2,515
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	333,992	427,394	454,049	579,392	1,024,097	2,818,924
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,000	11,683	10,000			28,683
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	7,000	11,683	10,000			28,683
8 Public support. (Subtract line 7c from line 6.)						2,790,241

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Amounts from line 6	333,992	427,394	454,049	579,392	1,024,097	2,818,924
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		9	6	33	47	95
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		9	6	33	47	95
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		1,846	925	225		2,996
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,218					2,218
13 Total support. (Add lines 9, 10c, 11, and 12.)	336,210	429,249	454,980	579,650	1,024,144	2,824,233
14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	98.80 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.55 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2021.** 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
- 33 1/3% support tests—2020. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 (as 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).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on 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 on 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 line 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, 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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	Yes	No
<b>b</b> Did the activities described on line 2a, above, 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</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 (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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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 III, LINE 12 - OTHER INCOME DETAIL

INTEREST

\$ 0

OTHER

\$ 2,218

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF, Go to www.irs.gov/Form990 for the latest information.

2021

Name of the organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA, INC.

38-3908383

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 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

[X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Employer identification number  
**38-3908383**

**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	BOB BARKER COMPANY FOUNDATION 134 NORTH MAIN STREET FUQUAY-VARINA NC 27526	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALLEN TURNER FOUNDATION P.O. BOX 3426 AUBURN AL 36831-3426	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESCAMBIA COUNTY DISCRETIONARY FUND 221 PALAFOX PLACE, STE 400 PENSACOLA FL 32502	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED WAY OF WEST FLORIDA 1301 W GOVERNMENT STREET PENSACOLA FL 32502	\$ 24,740	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LANDRUM FOUNDATION 4050 BEDEVERE DRIVE PENSACOLA FL 32514	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LYNDON WAYNES 7811 NORTH BLUE ANGEL PARKWAY PENSACOLA FL 32526	\$ 35,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA, INC.

38-3908383

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements, including purpose, monitoring, and expenses.

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.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1a, 1b, and 2 regarding collections of art and historical treasures.

**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 make 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 program
- 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 Term 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		99,608		99,608
c Leasehold improvements				
d Equipment		4,653		4,653
e Other		30,486		30,486
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				134,747

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open To Public Inspection**

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Employer identification number

**38-3908383**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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.

1	(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)	PHILOMENA MADDEN HOUSE PURCHASE			BOARD MEMBER		<input checked="" type="checkbox"/>		16,500	6,790
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>							▶ \$	6,790					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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)					



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Employer identification number

**38-3908383**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
Real estate — Residential	<b>X</b>	<b>1</b>	<b>33,935</b>	<b>FMV</b>
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Employer identification number

**38-3908383**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**OTHER CLIENT NEEDS:**

**OUR CLIENTS ARRIVE WITHOUT MONEY, AND CORRESPONDINGLY, WITHOUT MEDICINE,  
HYGIENE ITEMS, FOOD CLOTHING, REQUIRED IDENTIFICATION OR REGISTRATIONS FOR  
FOOD STAMPS, VETERANS BENEFITS, ETC. ESPECIALLY PRIOR TO OUR GETTING THEM  
INTO SOME TYPE OF PAYING EMPLOYMENT, WE ARE ABLE TO PROVIDE THEM WITH AN  
INITIAL SUPPLY OF FOOD, FOOD VOUCHERS, LISTS OF FOOD KITCHENS AND TIME,  
SEVERAL SETS OF CLOTHING, BOOTS, COSTS FOR VARIOUS REGISTRATIONS AND  
INITIATION OF BENEFITS PROGRAMS. THIS ALL LEADS TO THE ABILITY TO WORK  
DAILY WITH PROPER HYGIENE AND CLOTHING. IN 2021, OVER 225 ARRIVED IN OUR  
PROGRAM FOLLOWING INCARCERATION WITH THOSE NEEDS WHICH WE COULD PROVIDE.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
COPY OF THE RETURN IS CIRCULATED TO THE BOARD MEMBERS FOR REVIEW.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
CIRCULATED ANNUALLY FOR BOARD SIGNATURES.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
AVAILABLE UPON REQUEST.**

## REAP REVENUE & EXPENSE

### HISTORICAL 2016-2021

	2016 ACTUAL	2017 ACTUAL	2018 ACTUAL	2019 ACTUAL	2020 ACTUAL	2021 ACTUAL
REVENUE						
FDOC PROVISIO ESCAMBIA	16,489	206,865	224,835	252,680	309,110	333,465
FDOC PROVISIO SANTA ROSA						INC.
FDOC SATH					3,350	28,475
GEO		15,180	109,396	53,875	37,835	27,065
IMPACT	95,193			71,074	29,426	0
UWWF						10,000
CARES, SANDY						18,922
COUNTY						0
BARKER FOUNDATION	10,000	20,000	25,000	25,000		50,000
SHERIFF'S	5,000					3,000
MISC. GRANTS			96		1,250	14,256
CLIENT PROGRAM FEES	27,896	70,700	57,565	73,542	148,704	162,659
TRANSPORTATION FEES			1,978	2,230	1,420	0
CONTRIBUTIONS						
DIRECTORS	13,500	11,000	12,300	15,500	15,500	13,100
OTHERS	16,750	3,787	4,267	10,900	54,601	33,549
SALE OF DONATED ITEMS			2,886	1,925	1,225	1,000
WAREHOUSE/ART SALES	6,202	5,819	(40)			0
ANNUAL FUND DRIVE					5,885	20,634
OTHER INCOME		344	9	6	33	47
THRIFT STORE INCOME						52,881
RAPID REHOUSING					0	161,233
EMERGENCY SHELTER					0	191,257
HMIS PROGRAM					0	17,071
ESG-COVID-ADMINISTRATION					0	5,606
MAX-WELL						3,500
<b>TOTAL REVENUE</b>	<b>195,359</b>	<b>333,695</b>	<b>438,292</b>	<b>506,733</b>	<b>608,339</b>	<b>1,025,144</b>

EXPENSE	2016 ACTUAL	2017 ACTUAL	2018 ACTUAL	2019 ACTUAL	2020 ACTUAL	2021 ACTUAL
PERSONNEL-REAP	87,768	158,528	218,780	292,022	299,604	410,484
TRANSPORT OF CLIENTS & REIMB.	25,320	29,607	18,210	17,735	15,604	16,982
CLIENT NEEDS & SERVICES	3,882	7,527	6,351	3,500	3,997	6,463
CLIENT HOUSING	45,754	74,391	84,195			147,909
RENTAL PAYMENTS				29,201	44,676	
UTILITIES				36,799	46,814	
REPAIRS & MAINTEN.				35,660	39,249	
WORKERS EXPENSE				18,710	9,295	
INSURANCE		26,845	13,963	15,294	1,577	
PROPERTY TAXES					5,048	
RRH HOUSING EXPENSE: LL						
REAP OFFICE & UTILITIES	13,572	11,759	17,732	12,022	7,919	17,791
MILTON OFFICE			1,406			9,630
OFFICE REPAIRS & IMP.			3,190	781	2,617	
INSURANCE	11,664			17,235	18,837	23,986
COX COM & INTERNET	2,583	4,236	5,633	3,555	3,488	2,727
COMPUTER SERVICES	980	9,652	6,140	7,360	6,810	4,449
ACCOUNTANT & LEGAL			1,200	3,459		1,350
OFFICE SUPPLIES	1,346	4,124	4,265	6,087	9,260	12,330
EMPLOYEE TRAVEL & MEAL		350	1,173	177	435	
CORP. & GOV. FEES	80	111	510	183	594	986
POSTAGE & SHIPPING	206	241	306	325	468	487
MARKETING		75	591	1,445	762	550
EDUCATION		99		1,380	1,304	
SALES TAX		366	188	33		1,015
BAD DEBT EXPENSE				107		
BANK & AMAZON CHARGES	110	151	721	91	113	398
OTHER						109
THRIFT STORE EXPENSE						81,088
EMERGENCY SHELTER						187,621
RAPID REHOUSING						172,539
HMIS (OFFICE & OCC.)					0	4,767
MISC., RECONC.	1,177		(3,074)	(8,774)	(18,823)	11,352
<b>TOTAL EXPENSE</b>	196,399	329,174	382,582	495,793	\$499,648	\$1,063,494
<b>SURPLUS</b>	(1,040)	\$4,521	\$55,710	\$10,940	\$108,691	(\$38,850)

23

Studer Community Institute – SCI Venture  
Mentoring Service



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

### **APPLICATION CHECKLIST (Required)**

- X Submit a fully completed Agency Funding Request Application
- X Submit a copy of your organization's current W-9
- X Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- X Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- X Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

### **GENERAL INFORMATION**

**Agency Name:** Studer Community Institute

**Agency Address:** 220 W Garden Street, Suite 100, Pensacola, FL 32503

**Program Name for which funding is being requested:** SCI Venture Mentoring Service

**Amount Requested:** \$85,000

**Program Contact:** Katie Ballard

**Contact Email:** [kdballard@studer.org](mailto:kdballard@studer.org)      **Contact Phone:** (317) 797-3638

**25-Word Description of Program:** SCI mentors, trains, and connects entrepreneurs to resources, to help new businesses get started, and to grow existing businesses with the goals of creating jobs and positively impacting the local economy.

**How many years has your organization been providing services in the County?** 8

**How many years has your organization received funding from the County?** 0

**Explain how receiving funds from the County would have a significant impact on your organization:**

Support will be applied directly to enhance and expand the services and programs offered by SCI to entrepreneurs who are struggling to navigate how to start a business in our area, and to businesses who need help obtaining capital, hiring talent, expanding services and growing jobs.

The specific programs the funds will be used for are to expand:

1. Our focused Venture Mentoring Service (VMS) based on the world-renowned MIT model.
2. Our unique Triage process.
3. One-on-one coaching programs.

Funding will enable SCI to reach even more entrepreneurs and businesses, as well allow our

organization to continue our work and research to understand the landscape and needs of our business community, as well as the needs of the minority business community, and how to best meet those needs.

#### Venture Mentoring Service (VMS)

SCI's VMS Program is based on the successful model used by the renowned VMS program at the Massachusetts Institute of Technology. The MIT VMS is tailored specifically to communities looking to bolster entrepreneurship, and we have brought their successful program back to the Pensacola area.

The program offers confidential, team mentoring services to entrepreneurs across the community. By pairing entrepreneurs with 3-5 highly experienced mentors, their ventures are exposed to a variety of very skilled expertise and advice.

The program began in 2020 with 24 mentors and 10 mentee companies. Since that time, SCI has grown the VMS program exponentially to include 39 mentors and 23 mentee companies. The volunteer mentor panel has a diverse set of backgrounds and experience. Among these 39 highly-skilled mentors, there is over 420 years of business ownership and 455 years as C-suite executives. These individuals are motivated by the opportunity to help the entrepreneurs and businesses in our community.

By connecting entrepreneurs with teams of carefully selected mentors, organizing mentor sessions, follow up and other services, we help turn their ideas into for-profit, for-benefit, or non-profit ventures. SCI is part of a prestigious mentoring community that have adopted the MIT model, such as Barcelona, Spain, Copenhagen, Denmark, Maryland Tech Council, NEXT Innovation Center, Greenville SC and Venture Asheville, to name a few.

### 2022 Program Metrics

23 companies actively served (4 passive)

9.9 Average Value/Service Rating

100 % of the people in the program would recommend our services to others

% Increase in revenue and # jobs created in 2023 will be measured by us mid-year in August 2023 and for EOY 2023 in Feb 2024

In the current economic climate, SCI has discovered that our services are needed more than ever, as the difficulties entrepreneurs and the business community face are more complex.

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

**Amount Received Last Year, if applicable:** N/A

**Briefly discuss how last year's funds were used?** N/A

**Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?**

N/A

**CURRENT YEAR REQUEST**

**Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?**

**How will funding be used?**

SCI is unlike any other organization in our community. We provide the front door to entrepreneurship, cultivate existing businesses in our community, as well as help entrepreneurs start businesses. Funding for this request will significantly impact SCI's ability to effectively deliver services in the community, and staff program offerings appropriately.

Pensacola is growing rapidly, and more and more people have the desire to start businesses here- these entrepreneurs need our help. In addition to the new jobs these entrepreneurs will create with their businesses, 80% of our community's new jobs will come from existing small businesses. This is a great opportunity to address their needs for assistance with growth strategies, referrals to trusted funding sources and experts who can provide mentorship, and business planning services such as the SBDC. Supporting new entrepreneurs and existing small business owners will, in turn, support the well-being of our community and all who reside here.

**What does your program do and why is it an asset to the County?**

A collaborative process with FloridaWest, the SBDC, Florida Power and Light, and the minority

and Pensacola chamber, revealed that the top three needs for more than 130 entrepreneurs surveyed in 2019 were:

1. Mentorship
2. Funding
3. A clear, well-marketed path to the entrepreneurial ecosystem.

Prior to the Entrepreneurial services offered by SCI, our county did not have an organization that specifically helped entrepreneurs navigate the ecosystem, a process we call 'triage', directing them to appropriate funding sources and provided proven mentorship.

FloridaWest's primary focus is to attract new businesses to the County. The FloridaWest CoLab provides affordable, private office space to businesses that specifically have an innovation or tech basis, with the ability to bring in 51% of revenue from outside the MSA.

Therefore, to mitigate the gap in mentorship, funding and a clear, well-marketed path to the entrepreneurial ecosystem, SCI's entrepreneurship offerings were developed.

The objectives of SCI's programming is to:

- Triage entrepreneurs to resources within the ecosystem.
- Provide prestigious mentoring services.
- Provide help for businesses to grow and stay here in our community.

Our vision is for our county become one of the top 50 entrepreneur friendly counties in the country.

We are uniquely positioned, with the proven MIT VMS model, among a prestigious national and international community of entrepreneur mentorship programs, with the potential to succeed in our vision of making our community one of the easiest to navigate and friendliest entrepreneurial communities in the country. Pensacola's unique natural assets and a high quality of life attracts entrepreneurs here as well as encourages business owners to live and invest. To truly reach our potential we need to make it easier to navigate the ecosystem and provide specifically targeted help to entrepreneurs and business owners.

**Is your program a governmental function or requirement? If a governmental request,**

**please site regulatory/statutory requirement. Please explain:**

No. SCI's VMS programming is not a governmental function or requirement.

### **SIMILAR/PARTNER ORGANIZATIONS**

**List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:**

There is no duplicity between our offerings and other economic development groups in our community. Our programming is unique and has been structured specifically to ensure that there is no duplication of the efforts of other agencies. We have worked collaboratively with the SBDC, Florida West, The Minority Chamber of Commerce, The Greater Pensacola Chamber of Commerce, The Kukua Institute, Startups on the Blocks and others, to research and "map" the entrepreneurial ecosystem and find the gaps. SCI provides specific services that do not otherwise exist and fill the identified gaps.

**Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program.**

SCI's programs geared toward entrepreneurs are unique. We are an entrepreneurial, mission based nonprofit 501(c) 3, with the mission to improve the quality of life for all people in the diverse community we serve. Our work is backed by research of what works in other communities and based on prestigious, proven programs such as the MIT, VMS program. With the backing of the County, we can drive entrepreneurship and economic development forward and position our community in the top for entrepreneur friendliness, and inclusive business help and mentoring.

### **FUNDING**

**Will these funds be used for salaries/administrative costs or direct programming costs?**

**Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.***

- **Percentage for salaries/administrative costs: 68%**

- **Percentage for direct programming costs:** 32 %

**If Escambia County funding can only fund a portion of your request, how will you offset the difference?**

Partial funding for this request will be utilized to support providing the VMS program and triage services to entrepreneurs in our community. SCI will also continue to reach out to other funders for support for this request to ensure we are providing excellent services and meeting the needs of our local entrepreneurs.

SCI is committed to our programs and mission to improve the quality of life for all people in the diverse communities we serve. To ensure we continue to provide programming with excellence, we are intentional in fund development outreach, continually stewarding current donors (individuals, corporations, civic groups, and foundations) while simultaneously reaching out to new potential supporters.

**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

**Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.**

No.

**GOALS AND METRICS**

Provide "Specific and Measurable" metrics in the following three sections:

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
Jobs created	74	27	52	92.6%
Businesses receiving mentorship in the SCI VMS	18	29	33	13.8%
Net Promoter Score for Program	88	96	99	3.1%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
Jobs created	60
Businesses receiving mentorship in the SCI VMS	40
Net Promoter Score for Program	99

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
Jobs created	27
Businesses receiving mentorship in the Spring VMS	29
Net Promoter Score for Program	96

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

<b>INCOME TABLE</b>			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$29,269	\$385,000	\$400,000
Programmatic Income		0	
County Funding/Direct Contribution			\$85,000
County Funding by Other Source (a)		0	0
City Funding		\$75,000	0
Local Non-Profit Funding		\$20,000	0
State Funding		0	0
Federal Funding		0	0
Memberships	\$25,104	\$9,000	0
Investment Income	0	0	0
Other Income (b)	\$1,370	\$223,700	\$450,000
Total Income	\$55,743	\$712,700	\$935,000

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)

N/A

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item.

**FY2022 Other Income**

**TOTAL \$1,370**

Ticket Sales: 1,370

**FY 2023 Other Income**

**TOTAL \$223,700**

Ticket Sales: 223,000

Online training: 85,200

Customized Training: 33,500

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff Note 2 Staff work full time in our Building Jobs Programs of which VMS is one program	4	6	6
Salaries and Wages	\$229,671	\$399,271	\$439,181
Employee Benefits			
Professional Services	\$20,911	\$1450	\$5000
Contractual Services	\$4221	\$388	\$1000
Travel Expenses	\$11,815	0	0
Rentals and Leases	\$64,854	\$20,772	0
Communication	\$3,185	\$6,251	\$7500
Postage and Freight			
Repair and Maintenance	\$278	\$250	\$500
Printing and Binding			
Marketing and Promotion	\$2,256	\$1520	\$1500
Fuel		0	
Supplies	\$2,680	\$3000	\$3000
Event Expenses	\$2,624	\$119,100	\$50000
Capitalizable Assets for County Funding (a)			
Other Expenses (b)	\$32,334	\$81,039	\$90000
<b>Total Expenses</b>	<b>\$374,829</b>	<b>\$633,041</b>	<b>\$597,681</b>
Net Income - (Revenue minus Expense)	(319,086)	\$79,659	\$337,319

**(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.**

**(b) Please explain any request listed in the "Other Expenses" line item.**

	<b>FY 2022</b>	<b>FY 2023</b>
Dues, subscriptions, and memberships	\$9,874	\$11,922
Insurance	\$947	\$2,451
Uniforms	\$0	\$3,000
Credit Card Fees	\$842	\$6,554
3 <sup>rd</sup> party processing fees	\$66	\$530
Staff Development	\$2,578	\$6,000
HR Allocation	\$5,553	\$7,955
Business Development	\$10,802	\$2,400
Alarm Monitoring	\$0	\$160
Landscaping	\$900	\$529
Customized Training expense	\$0	\$8,000
Content Development	\$0	\$600
Studer Entities Overhead Allocation	\$0	\$30,938
Misc Expense	\$772	\$0
<b>TOTAL</b>	<b>\$32,334</b>	<b>\$81,039</b>

### **BUDGET QUESTIONS**

**1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year?**

Calendar

**2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements**

Please note that the budget changed significantly from FY 2022 to 2023. This change was due to a consolidation two different programs into one, which all now fall under the

overall title of “Building Jobs”. Two separate budgets were combined into one. This was done in an effort to streamline and consolidate expenses. It has allowed SCI more flexibility as well as cost savings for the organization overall.

**3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?**

SCI will put the funds back into the programs and services, additionally we will be able to look at what resources we need to be more successful such as, an economic impact study, bringing in additional experts to provide workshops, have an event that brings together all our entrepreneurs, mentors and mentees, graphic design assistance, and additional marketing support.

**4. Please list the salary of the top 5 employees, names and positions of your organization.**

Name	Position	Salary
Rachael Gillette	President	\$135,300
Gracie Price	Director of Building Jobs	\$60,000
Donte Sheppard	Building Brains Program Manager	\$52,050
Katie Ballard	Director of Fundraising and Development	\$64,542
Steve Nissim	Chief Storyteller	\$65,583

**5. Please provide the total amount of cash and investments on hand.**

N/A

**6. Does your organization charge fees for services? If so, provide a list of fees charged.**

All Venture Mentoring services are offered free of charge.

We charge for workshops and EntreCon between \$49 and \$499

**7. Does your organization require background checks from volunteers and staff?**

Yes.

**ECONOMIC DEVELOPMENT AGENCIES**

**If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: N/A**

**1. What is your agency's Strategic Plan?**

N/A

**2. How many jobs were created this year over last year by zip code?**

N/A

**3. What is the net cost per job created?**

N/A

**ADDITIONAL QUESTIONS (Economic Development)**

**1. What was done by your agency to address the "Pockets of Poverty"?**

SCI has a separate Early Brain Development division that is focused on the kindergarten readiness and as part of that work we have addressed the pockets of poverty. With the funding we hope to help businesses in all areas be more successful including those in the "Pockets of Poverty."

**2. Did your agency receive any grants? List the amount and a detailed use of the funds.**

N/A

**3. Was there any increase in membership for the local chambers?**

We provide Chamber staff with complimentary seats to all our leadership development training events. We are also a supporter of the Gulf Coast Minority Chamber of Commerce.

**4. What are your agency's statistics on business creation and minority businesses by zip code?**

This is an area that will be impacted with this funding. SCI is working and conducting research to understand the landscape of the minority business community, build trust, provide greater access to services and provide routes to trusted funding sources and access to capital.

**5. Can we reduce the taxpayer subsidy?**

The goal of the program is to increase the number and strength of small businesses and create new jobs, which will add to the taxpayer base.

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

  
\_\_\_\_\_  
Name  
President  
Title  
4.3.23  
Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Studer Community Institute, Inc.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		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>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Not for profit corporation - 501(c)3</b>		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>350 W. Cedar Street, Suite 300</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Pensacola, FL 32502</b>		
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
4	7		5	6	5	7	0	0	8

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Kathleen A. Cadwell</i>	Date ▶ <i>1/10/2023</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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-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, later.*

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 25 2016**

STUDER COMMUNITY INSTITUTE INC  
121 SOUTH PALAFOX PLACE STE B  
PENSACOLA, FL 32502

Employer Identification Number:  
47-5657008  
DLN:  
17053095310046  
Contact Person: JOSEPH LAUX ID# 31077  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
November 12, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

STUDER COMMUNITY INSTITUTE INC

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized and cursive.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements



LET'S THRIVE TOGETHER



## TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.



# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

---

**PREPARED FOR:**

STUDER COMMUNITY INSTITUTE, INC.  
350 WEST CEDAR STREET 300  
PENSACOLA, FL 32502

---

**PREPARED BY:**

WARREN AVERETT, LLC  
350 W CEDAR STREET, SUITE 400  
PENSACOLA, FL 32502

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

---

**PREPARED FOR:**

STUDER COMMUNITY INSTITUTE, INC.  
350 WEST CEDAR STREET 300  
PENSACOLA, FL 32502

---

**PREPARED BY:**

WARREN AVERETT, LLC  
350 W CEDAR STREET, SUITE 400  
PENSACOLA, FL 32502

---

**AMOUNT DUE OR REFUND:**

NO AMOUNT IS DUE.

---

**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **STUDER COMMUNITY INSTITUTE, INC.** EIN or SSN **47-5657008**

Name and title of officer or person subject to tax **CINDI BONNER  
CHAIRMAN**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,294,454.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize **WARREN AVERETT, LLC** to enter my PIN **57008**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax \_\_\_\_\_ 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.

**59356084437**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 **11/15/22**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**STUDER COMMUNITY INSTITUTE, INC.**

EIN or SSN

**47-5657008**

Name and title of officer or person subject to tax

**CINDI BONNER  
CHAIRMAN**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.**

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> <u>0.</u>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize **WARREN AVERETT, LLC** to enter my PIN **57008**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

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.

**59356084437**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ **11/15/22**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input checked="" 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	<b>C</b> Name of organization <b>STUDER COMMUNITY INSTITUTE, INC.</b>		<b>D</b> Employer identification number <b>47-5657008</b>
	Doing business as		<b>E</b> Telephone number <b>850-696-2414</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>350 WEST CEDAR STREET</b>		<b>G</b> Gross receipts \$ <b>1,367,325.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>PENSACOLA, FL 32502</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶

**F** Name and address of principal officer: **CINDI BONNER**  
**SAME AS C ABOVE**

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **HTTP://STUDERI.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2015** **M** State of legal domicile: **FL**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE STUDER COMMUNITY INSTITUTE IS FOCUSED ON IMPROVING OUR COMMUNITY'S QUALITY OF LIFE. WE DO THIS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>128</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>4,000.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,157,507.</b>	<b>1,251,267.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>54,392.</b>	<b>69,396.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-59,648.</b>	<b>-26,209.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,152,251.</b>	<b>1,294,454.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>562,759.</b>	<b>666,373.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>638,706.</b>	<b>704,704.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,201,465.</b>	<b>1,371,077.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-49,214.</b>	<b>-76,623.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>826,147.</b>	<b>End of Year</b> <b>651,490.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>277,682.</b>	<b>179,648.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>548,465.</b>	<b>471,842.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>CINDI BONNER, CHAIRMAN</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CLAIRE C. DUREN, CPA</b>	Preparer's signature <i>Claire Duren</i>	Date <b>11/15/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01577924</b>
	Firm's name ▶ <b>WARREN AVERETT, LLC</b>	Firm's EIN ▶ <b>45-4084437</b>	Firm's address ▶ <b>350 W CEDAR STREET, SUITE 400 PENSACOLA, FL 32502</b>		
			Phone no. <b>850-435-7400</b>		

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: THE STUDER COMMUNITY INSTITUTE, INC. IS DEDICATED TO HELPING PEOPLE UNDERSTAND AND IMPROVE THEIR COMMUNITY'S QUALITY OF LIFE. OUR GOAL IS TO CREATE A NONPARTISAN PROCESS THAT ALLOWS CITIZENS TO IDENTIFY THE CRITICAL ISSUES NEEDED TO BE ADDRESSED AND TO MOVE FORWARD. THESE

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 \$ 354,551. including grants of \$ ) (Revenue \$ 44,800. ) EARLY LEARNING - IN EDUCATION, THE INSTITUTE IS FOCUSED ON EFFORTS TO CREATE "AMERICA'S FIRST EARLY LEARNING CITY" AND BOOST KINDERGARTEN READINESS. AN EARLY LEARNING CITY IS A PLACE THAT ENLISTS THE WHOLE COMMUNITY IN BUILDING A CULTURE OF LIFELONG LEARNING, INCLUDING IN ITS PUBLIC SPACES. IT IS A COMMUNITY THAT SUPPORTS EARLY BRAIN DEVELOPMENT, PARENT ENGAGEMENT AND SCHOOL READINESS FOR ALL OF OUR CHILDREN, ESPECIALLY THOSE AGES BIRTH TO 5.

4b (Code: ) (Expenses \$ 474,320. including grants of \$ ) (Revenue \$ 24,596. ) TRAINING & DEVELOPMENT - IN JOB CREATION AND DEVELOPMENT, THE INSTITUTE PROVIDES LEADERSHIP DEVELOPMENT TRAINING AND SPONSORS WORKSHOPS GEARED TO HELP BUSINESSES AND NOT-FOR-PROFITS STRENGTHEN THEIR ORGANIZATIONS. OUTREACH PROGRAMS INCLUDE A LECTURE SERIES, SYMPOSIUMS AND TOWN HALL MEETINGS. OUR TRAININGS OFFER IMPORTANT SKILL-BUILDING OPPORTUNITIES FOR SMALL AND MEDIUM-SIZED BUSINESSES, NOT-FOR-PROFITS AND ENTREPRENEURS. WITH MORE SKILLS, BUSINESS OWNERS AND EMPLOYEES IN TURN CREATE BETTER-RUN ORGANIZATIONS THAT ARE BETTER POSITIONED TO THRIVE, CREATE MORE JOBS, AND SUPPORT A STRONGER COMMUNITY.

4c (Code: ) (Expenses \$ 299,804. including grants of \$ ) (Revenue \$ ) THE SPRING - THE SPRING ENTREPRENEUR HUB EXISTS TO EMPOWER, CONNECT AND GROW SMALL BUSINESSES IN THE PENSACOLA AREA, SERVING AS THE FRONT DOOR TO OUR COMMUNITY'S ENTREPRENEURIAL ECOSYSTEM. THE SPRING FOCUSES ON THREE KEY AREAS: MENTORSHIP, CONNECTION TO RESOURCES, AND SCALING/ACCELERATION TO BRING UNPRECEDENTED STRUCTURE AND AID TO LOCAL SMALL BUSINESSES IN ESCAMBIA AND SANTA ROSA COUNTIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 159,588. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,288,263.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>		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>		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>	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>		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>		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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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>		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>		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> 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? <i>If "Yes," complete Schedule G, Part II</i>	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>		X
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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on 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
<b>1a</b>	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 on Schedule O.		
	1a	18	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	18	
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **KATHY CADWELL - 850-696-2414**  
**350 WEST CEDAR STREET, SUITE 300, PENSACOLA, FL 32502**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TERRY HORNE DIRECTOR FOR CIVIC ENGAGEM	40.00			X				91,592.	0.	0.
(2) RACHAEL GILLETTE CH. LEADERSHIP DEVELOPMENT	40.00			X				85,944.	0.	0.
(3) SHANNON NICKINSON DIRECTOR OF EARLY LEARNING	40.00			X				72,416.	0.	0.
(4) BERT THORNTON DIRECTOR	1.00	X						0.	0.	0.
(5) BRUCE WATSON DIRECTOR	1.00	X						0.	0.	0.
(6) CINDI BONNER CHAIRPERSON	1.00	X		X				0.	0.	0.
(7) J. MORT O'SULLIVAN III DIRECTOR	1.00	X						0.	0.	0.
(8) JEAN PIERRE N'DIONE DIRECTOR	1.00	X						0.	0.	0.
(9) JOSH SITTON DIRECTOR	1.00	X						0.	0.	0.
(10) JOY SHARP DIRECTOR	1.00	X						0.	0.	0.
(11) JULES KARIHER DIRECTOR	1.00	X						0.	0.	0.
(12) CHAD HENDERSON DIRECTOR	1.00	X						0.	0.	0.
(13) KATHY SANDSTROM DIRECTOR	1.00	X						0.	0.	0.
(14) LISA NELLESSEN-SAVAGE DIRECTOR	1.00	X						0.	0.	0.
(15) MICHELLE SNOW DIRECTOR	1.00	X						0.	0.	0.
(16) QUINT STUDER CEO	25.00			X				0.	0.	0.
(17) THOMAS GREEK DIRECTOR	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIA ROBBINS DIRECTOR	1.00	X						0.	0.	0.
(19) TOSH BELSINGER DIRECTOR	1.00	X						0.	0.	0.
(20) VAN MANSKER DIRECTOR	1.00	X						0.	0.	0.
(21) WILL DUNAWAY DIRECTOR	1.00	X						0.	0.	0.
(22) RICK BYARS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								249,952.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								249,952.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		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> .....		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> .....		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 Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 158,054.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,093,213.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 44,940.					
	<b>h Total.</b> Add lines 1a-1f		1,251,267.				
Program Service Revenue	<b>2 a</b> TRAINING AND DEVELOPME	Business Code 611430	69,396.	69,396.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		69,396.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	11,942.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0.				
	<b>6c</b> Rental income or (loss)	11,942.					
	<b>d</b> Net rental income or (loss)		11,942.			11,942.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses					
	<b>7c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 158,054. of contributions reported on line 1c). See Part IV, line 18		30,720.				
<b>8b</b> Less: direct expenses		72,871.					
<b>c</b> Net income or (loss) from fundraising events			-42,151.			-42,151.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances							
	<b>10b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b> EVENT MANAGEMENT	Business Code 611430	4,000.		4,000.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		4,000.				
<b>12 Total revenue.</b> See instructions		1,294,454.	69,396.	4,000.	-30,209.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	249,953.	249,953.		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	416,420.	376,821.	39,599.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	2,779.	1,805.	974.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	78,246.	70,770.	7,476.	
<b>12</b> Advertising and promotion .....	37,458.	36,802.	656.	
<b>13</b> Office expenses .....	51,069.	44,932.	6,137.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	114,178.	113,215.	963.	
<b>17</b> Travel .....	14,159.	14,149.	10.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	21,762.		21,762.	
<b>23</b> Insurance .....	4,604.	4,498.	106.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>LEADERSHIP DEVELOPMENT</b>	182,113.	182,113.		
<b>b</b> <b>EARLY LEARNING PROGRAM</b>	91,084.	91,084.		
<b>c</b> <b>THE SPRING PROGRAM EXPE</b>	75,343.	75,343.		
<b>d</b> <b>CIVICCON PROGRAM EXPENS</b>	24,739.	24,739.		
<b>e</b> All other expenses _____	7,170.	2,039.	5,131.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,371,077.	1,288,263.	82,814.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	650,004.	<b>1</b>	445,083.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	100,483.	<b>4</b>	70,947.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	6,706.	<b>9</b>	18,916.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 152,574.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 42,224.	<b>10c</b>	110,350.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	9,911.	<b>14</b>	6,194.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	826,147.	<b>16</b>	651,490.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	269,970.	<b>17</b>	176,713.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,106.	<b>19</b>	2,025.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,606.	<b>25</b>	910.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	277,682.	<b>26</b>	179,648.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	548,465.	<b>31</b>	471,842.
	<b>32</b> Total net assets or fund balances .....	548,465.	<b>32</b>	471,842.
<b>33</b> Total liabilities and net assets/fund balances .....	826,147.	<b>33</b>	651,490.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,294,454.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,371,077.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-76,623.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	548,465.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	471,842.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	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 on Schedule O.		
<b>3a</b>	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>b</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 on Schedule O and describe any steps taken to undergo such audits _____		



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	471,850.	631,779.	1192295.	1061343.	1251267.	4608534.
<b>2</b> 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 .....	177,219.	76,699.	123,760.	54,392.	69,396.	501,466.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	649,069.	708,478.	1316055.	1115735.	1320663.	5110000.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	163,404.	50,000.	306,132.	189,273.	306,000.	1014809.
<b>b</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 .....	5,094.	127,539.	21,395.	2,557.	25,775.	182,360.
<b>c</b> Add lines 7a and 7b .....	168,498.	177,539.	327,527.	191,830.	331,775.	1197169.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3912831.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	649,069.	708,478.	1316055.	1115735.	1320663.	5110000.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....					11,942.	11,942.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....					11,942.	11,942.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	32,000.	32,000.	36,000.	18,000.	30,720.	148,720.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	681,069.	740,478.	1352055.	1133735.	1363325.	5270662.

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	74.24 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	66.56 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.23 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>b</b> Did the activities described on line 2a, above, 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		





**Schedule A Excess Payments from Non-Disqualified Persons  
Included on Part III, Line 7b**
**2021****\*\* Do Not File \*\*****\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
BECK PARTNERS	205.	0.	0.	0.	0.
WEST FLORIDA REGIONAL PLANNING CO	4,889.	0.	0.	0.	0.
CITY OF FORT WALTON BEACH	0.	4,595.	0.	0.	0.
GULF POWER COMPANY	0.	7,595.	1,479.	0.	0.
PENSACOLA STATE COLLEGE	0.	17,595.	0.	0.	0.
CALDWELL AND ASSOCIATES	0.	6,645.	0.	0.	0.
COMPLETE DKI	0.	4,595.	0.	0.	0.
PENSACOLA INTERNATIONAL AIRPOR	0.	17,595.	0.	0.	11,367.
COX BUSINESS	0.	17,595.	0.	0.	11,367.
DIGITAL BOARDWALK	0.	4,595.	0.	0.	0.
UWF CENTER FOR ENTREPRENEURSHIP	0.	4,595.	0.	0.	0.
ESCAMBIA COUNTY SHERIFF'S OFFICE	0.	2,595.	0.	0.	0.
SACRED HEART HEALTH SYSTEM	0.	2,595.	0.	0.	0.
ENGINEERED COOLING SYSTEMS	0.	7,595.	0.	0.	0.
CLARK, PARTINGTON, HART, LARRY, BOND &	0.	4,970.	0.	0.	367.
UNITED BANK	0.	595.	0.	0.	0.
PENAIR FEDERAL CREDIT UNION	0.	17,595.	11,479.	0.	0.
SCOTLAND MEMORIAL HOSPITAL	0.	6,189.	0.	0.	0.
JOSH SITTON	0.	0.	6,479.	231.	0.
PANHANDLE CHARITABLE OPEN	0.	0.	1,479.	0.	0.
TMW REGATTA PYC SATORI FOUNDATION	0.	0.	479.	0.	0.
DAWSON FAMILY FOUNDATION	0.	0.	0.	2,326.	0.
OFFICE OF EARLY LEARNING/DEPARTMENT	0.	0.	0.	0.	2,674.
Total to Schedule A, Part III, Line 7b .....	5,094.	127,539.	21,395.	2,557.	25,775.

**Schedule A**

**Identification of Excess Support Payments  
Included on Part III, Line 7b, column (e)**

**2021**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	Amount Received in 2021	2021 Excess Payments
COMPLETE DKI	12,000.	0.
PENSACOLA INTERNATIONAL AIRPORT	25,000.	11,367.
COX BUSINESS	25,000.	11,367.
UWF CENTER FOR ENTREPRENEURSHIP	12,000.	0.
CLARK, PARTINGTON, HART, LARRY, BOND & STACKHOUSE	14,000.	367.
PENAIR FEDERAL CREDIT UNION	6,367.	0.
DAWSON FAMILY FOUNDATION	11,367.	0.
OFFICE OF EARLY LEARNING/DEPARTMENT OF EDUCATION	16,307.	2,674.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e) .....		25,775.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**STUDER COMMUNITY INSTITUTE, INC.**

Employer identification number

**47-5657008**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number <b>47-5657008</b>
-----------------------------------------------------------------	-----------------------------------------------------

**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	DAWSON FAMILY FOUNDATION 7383 ORANGEWOOD LANE BOCA RATON, FL 33433	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GULF BREEZE POOLS AND SPAS 2955 DUKE DR. GULF BREEZE, FL 32563	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WELLS FARGO FOUNDATION 301 S. COLLEGE ST. CHARLOTTE, NC 28202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BONIN FRANSEN GIVING FUND 1026 ESPLANDE AVE. NEW ORLEANS, LA 70116	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PEN AIR FEDERAL CREDIT UNION 40 S PALAFOX ST. PENSACOLA, FL 32502	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KIA AUTOSPORT 6637 PENSACOLA BLVD. PENSACOLA, FL 32505	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
STUDER COMMUNITY INSTITUTE, INC.	47-5657008

**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	INISFREE HOTEL / THE HIVE FOUNDATION 113 BAYBRIDGE DRIVE GULF BREEZE, FL 32561	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FAMILY 2015 WHALEY AVE PENSACOLA, FL 32503	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SANDY SANSING 6200 PENSACOLA BLVD. PENSACOLA, FL 32505	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GULF POWER FOUNDATION 1 ENERGY PLACE PENSACOLA, FL 32520	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	OFFICE OF EARLY LEARNING/DEPARTMENT OF EDUCATION 250 MARRIOTT DRIVE TALLAHASSEE, FL 32399	\$ 16,307.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MCMILLAN FAMILY FOUNDATION P.O. BOX 867 BREWTON, AL 36427	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number <b>47-5657008</b>
-----------------------------------------------------------------	-----------------------------------------------------

**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	BEAR FAMILY FOUNDATION 6120 ENTERPRISE DR. PENSACOLA, FL 32505	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	NAVARRE PRESS 7502 HARVEST VILLAGE CT NAVARRE, FL 32566	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BBVA 6701 N DAVIS HWY PENSACOLA, FL 32504	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	QUINTON AND MARY STUDER 1919 E. LARUA STREET PENSACOLA, FL 32501	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	NAVY FEDERAL CREDIT UNION 5550 HERITAGE OAKS DR PENSACOLA, FL 32526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	KUHN REALTY 1718 N 9TH AVE PENSACOLA, FL 32503	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number <b>47-5657008</b>
-----------------------------------------------------------------	-----------------------------------------------------

**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
19	LEVIN PAPANTONIO 316 SOUTH BAYLEN STREET PENSACOLA, FL 32502	\$ 16,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CLARK PARTINGTON 125 E INTENDENCIA ST PENSACOLA, FL 32502	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	OFFICE PRIDE OF PENSACOLA 1201 N TARRAGONA ST PENSACOLA, FL 32501	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	L30 CONSULTING 3276 W SCOTT ST PENSACOLA, FL 32505	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BEAR GENERAL CONTRACTORS 1216 N PALAFOX ST STE A PENSACOLA, FL 32501	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	HURON CONSULTING GROUP 350 W CEDAR ST STE 200 PENSACOLA, FL 32502	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number <b>47-5657008</b>
-----------------------------------------------------------------	-----------------------------------------------------

**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
25	UPPER ROOM CHURCH 95 BAYBRIDGE DRIVE GULF BREEZE, FL 32561	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	TONYA ZIMMERN TEAM - KELLER WILLIAMS 911 GULF BREEZE PKWY GULF BREEZE, FL 32561	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	COVENANT CARE 5041 N 12TH AVE PENSACOLA, FL 32504	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	COX BUSINESS 3405 MCLEMORE ST PENSACOLA, FL 32514	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	EDWARD JONES (JOHN PEACOCK) 200 S TARRAGONA ST PENSACOLA, FL 32502	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	PENSACOLA INTERNATIONAL AIRPORT 2430 AIRPORT BLVD PENSACOLA, FL 32504	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number <b>47-5657008</b>
-----------------------------------------------------------------	-----------------------------------------------------

**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
31	UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PKWY PENSACOLA, FL 32514	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	CENTENNIAL BANK 201 E GARDEN ST PENSACOLA, FL 32502	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	COMPLETE DKI 6105 US-90 MILTON, FL 32570	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	BEACH BANK 33 W GARDEN ST PENSACOLA, FL 32502	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	WARREN AVERETT 350 W CEDAR ST STE 400 PENSACOLA, FL 32502	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	IFOLIO 950 E PACES FERRY ROAD NW STE 1555 ATLANTA, GA 30326	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number  <b>47-5657008</b>
---------------------------------------------------------------------	---------------------------------------------------------

**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
37	BAPTIST HEALTH CARE  1000 W MORENO ST  PENSACOLA, FL 32501	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	FLORIA BLUE  1680 AIRPORT BLVD  PENSACOLA, FL 32504	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	CATALYST HEALTHCARE REAL ESTATE  41 N JEFFERSON ST 4TH FLOOR  PENSACOLA, FL 32502	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CO:LAB FLORIDA WEST  418 W GARDEN ST  PENSACOLA, FL 32502	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	FIRST ONSITE  511 WYNNEHURST ST  PENSACOLA, FL 32503	\$ 5,600.	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.)

Name of organization  <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number  <b>47-5657008</b>
---------------------------------------------------------------------	---------------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Employer identification number  <b>47-5657008</b>
---------------------------------------------------------------------	---------------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: STUDER COMMUNITY INSTITUTE, INC. Employer identification number: 47-5657008

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows a-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?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB 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 make 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 program
  - 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 Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                            | Yes    | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations                                                                | 3a(i)  |    |
| (ii) Related organizations                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		23,077.	1,170.	21,907.
d Equipment		129,497.	41,054.	88,443.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 110,350.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>OTHER LIABILITIES</b>	<b>910.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>910.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.



**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))
		LIGHT UP LEARNING DIN (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	188,774.		188,774.
	2	Less: Contributions	158,054.		158,054.
	3	Gross income (line 1 minus line 2)	30,720.		30,720.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	6,416.		6,416.
	7	Food and beverages	2,342.		2,342.
	8	Entertainment			
	9	Other direct expenses	64,113.		64,113.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-42,151.

**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			
	2	Cash prizes			
Direct Expenses	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: \_\_\_\_\_







**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
QUINT STUDER	CEO	666,373.	SCI LEASES		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: QUINT STUDER

(D) DESCRIPTION OF TRANSACTION: SCI LEASES ITS EMPLOYEES AT COST FROM STUDER PROPERTIES, LLP, WHICH IS OWNED BY MR. STUDER.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **STUDER COMMUNITY INSTITUTE, INC.** Employer identification number **47-5657008**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>AUCTION ITEMS</b> )	<b>X</b>	<b>66</b>	<b>38,328.</b>	<b>FAIR MARKET VALUE</b>
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 V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

STUDER COMMUNITY INSTITUTE, INC.

Employer identification number

47-5657008

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY HELPING CHILDREN BE PREPARED FOR KINDERGARTEN; CREATING EDUCATED AND  
ENGAGED CITIZENS; AND CREATING JOBS BY HELPING LEADERS DEVELOP THE  
SKILLS NEEDED FOR BUSINESS SUCCESS. THESE TOGETHER ARE KEY ELEMENTS OF  
BUILDING A VIBRANT AND ENGAGED COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ISSUES INCLUDE EDUCATION, THE ECONOMY, GOVERNMENT, ENVIRONMENT, HEALTH,  
CULTURE, AND ENTREPRENEURSHIP. THE INSTITUTE IS A LOCAL SOURCE FOR  
RESEARCH, EDUCATION, AND THE USE OF DASHBOARDS TO HELP BUILD A BETTER  
PENSACOLA METROPOLITAN AREA. THE STUDER COMMUNITY INSTITUTE IS FOCUSED  
ON IMPROVING OUR COMMUNITY'S QUALITY OF LIFE. WE DO THAT BY FOCUSING ON  
SKILL BUILDING FOR EMPLOYEES AND BUSINESSES AND CREATING TOOLS AND  
INTERVENTIONS TO HELP PARENTS UNDERSTAND THE POWER AND IMPORTANCE OF  
EARLY BRAIN DEVELOPMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY PROJECTS - COMMUNITY PROJECTS INCLUDE CIVICCON AND A FOCUS ON  
BUILDING VIBRANT COMMUNITIES BY EDUCATING THE CITIZENS OF THE COMMUNITY  
OF WHAT CREATES CITIZEN-LED AND CITIZEN-POWERED CHANGE.

EXPENSES \$ 159,588. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHAIRMAN WILL REVIEW THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization STUDER COMMUNITY INSTITUTE, INC.	Employer identification number 47-5657008
--------------------------------------------------------------	----------------------------------------------

INTERESTED PERSONS MUST DISCLOSE THE EXISTENCE OF A CONFLICT OF INTEREST INVOLVING ANY TRANSACTION OR ARRANGEMENT ENTERED INTO BY THE INSTITUTE. THE BOARD OF DIRECTORS WILL EVALUATE THE TRANSACTION AND DETERMINE IF A CONFLICT EXISTS. THE INSTITUTE CONDUCTS PERIODIC REVIEWS TO DETERMINE WHETHER TRANSACTIONS AND ARRANGEMENTS CONFORM TO THE CORPORATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

BEGINNING IN FEBRUARY 2017, THE EMPLOYEES OF STUDER COMMUNITY INSTITUTE (SCI) BECAME EMPLOYEES OF STUDER PROPERTIES, LLP. SCI LEASES THE EMPLOYEES FROM STUDER PROPERTIES FOR THE ACTUAL COST OF SALARY, BENEFITS, AND PAYROLL TAXES FOR THESE EMPLOYEES AS 100% OF THEIR TIME IS SPENT WORKING FOR SCI.

THE CEO IS NOT COMPENSATED. A COMMITTEE OF THE BOARD CONSISTING OF THE CEO, SECRETARY, AND TREASURER APPROVED STAFF SALARIES. A COMPENSATION STUDY WAS USED IN THIS PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE INSTITUTE WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.



Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

**2022**

1	Unrelated business taxable income expected in the tax year .....		1
2	Tax on the amount on line 1. See instructions for tax computation .....		2
3	Alternative minimum tax for trusts. See instructions .....		3
4	Total. Add lines 2 and 3 .....		4
5	Estimated tax credits. See instructions .....		5
6	Subtract line 5 from line 4 .....		6
7	Other taxes. See instructions .....		7
8	Total. Add lines 6 and 7 .....		8
9	Credit for federal tax paid on fuels. See instructions .....		9
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	
c	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....		10c

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11			
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12			
13	2021 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2021**

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input checked="" type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>STUDER COMMUNITY INSTITUTE, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>350 WEST CEDAR STREET, 300</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>PENSACOLA, FL 32502</b></p> <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>651,490.</b></p>	<p><b>D</b> Employer identification number  <b>47-5657008</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **KATHY CADWELL** Telephone number ▶ **850-696-2414**

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<b>CHAIRMAN</b>		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CLAIRE C. DUREN, CPA</b>	Preparer's signature <i>Claire Duren</i>	Date <b>11/15/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01577924</b>
	Firm's name <b>WARREN AVERETT, LLC</b>			Firm's EIN <b>45-4084437</b>	
	Firm's address <b>350 W CEDAR STREET, SUITE 400 PENSACOLA, FL 32502</b>			Phone no. <b>850-435-7400</b>	

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>STUDER COMMUNITY INSTITUTE, INC.</b>	<b>B</b> Employer identification number <b>47-5657008</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>561499</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **EVENT PLANNING AND MANAGEMENT**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 1</b>		<b>12</b> 4,000.		4,000.
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> 4,000.		4,000.

**Part II** Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b> Salaries and wages		<b>2</b>	2,007.
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>		<b>14</b>	3,413.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	5,420.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	-1,420.
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	-1,420.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 <b>Total dividends-received deductions</b> included in line 10				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7



FORM 990-T (A)

OTHER INCOME

STATEMENT 1

DESCRIPTIONAMOUNT

EVENT MANAGEMENT

4,000.

TOTAL TO SCHEDULE A, PART I, LINE 12

4,000.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTIONAMOUNT

BUILDING RENTALS

244.

INSURANCE

29.

HOSTED EVENTS

628.

OTHER CONTRACTUAL SERVICES

302.

HUMAN RESOURCE ALLOCATION

10.

EVENTS EXPENSE

2,200.

TOTAL TO SCHEDULE A, PART II, LINE 14

3,413.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Taxpayer identification number (TIN) <b>47-5657008</b>
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. <b>350 WEST CEDAR STREET, 300</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32502</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

**KATHY CADWELL**

• The books are in the care of ▶ **350 WEST CEDAR STREET, SUITE 300 - PENSACOLA, FL 32502**

Telephone No. ▶ **850-696-2414** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>STUDER COMMUNITY INSTITUTE, INC.</b>	Taxpayer identification number (TIN) <b>47-5657008</b>
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. <b>350 WEST CEDAR STREET, 300</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32502</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

**KATHY CADWELL**

• The books are in the care of ▶ **350 WEST CEDAR STREET, SUITE 300 - PENSACOLA, FL 32502**

Telephone No. ▶ **850-696-2414** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2021** 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

DECEMBER 31, 2021

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**PREPARED FOR:**

STUDER COMMUNITY INSTITUTE, INC.  
350 WEST CEDAR STREET 300  
PENSACOLA, FL 32502

---

**PREPARED BY:**

WARREN AVERETT, LLC  
350 W CEDAR STREET, SUITE 400  
PENSACOLA, FL 32502

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

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**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 1019

FEIN 47-5657008

For calendar year 2021 or tax year beginning

JAN 1

, 2021 ending

DEC 31, 2021

Rule 12C-1.051 Florida Administrative Code Effective 01/22 Page 1 of 6

813302021123100020050372347565700800003

Name STUDER COMMUNITY INSTITUTE, INC.
Address 350 WEST CEDAR STREET
City/State/ZIP PENSACOLA, FL 32502

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return
2. State income taxes deducted in computing federal taxable income
3. Additions to federal taxable income (from Schedule I)
4. Total of Lines 1, 2 and 3
5. Subtractions from federal taxable income (from Schedule II)
6. Adjusted federal income (Line 4 minus Line 5)
7. Florida portion of adjusted federal income (see instructions)
8. Nonbusiness income allocated to Florida (from Schedule R)
9. Florida exemption
10. Florida net income (Line 7 plus Line 8 minus Line 9)
11. Tax due: 3.535% of Line 10
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12)
14. a) Penalty: F-2220 b) Other
c) Interest: F-2220 d) Other Line 14 Total
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/22

Do Not Detach

YEAR ENDING 12/31/21

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name STUDER COMMUNITY INSTITUTE, I
Address 350 WEST CEDAR STREET
City/State/ZIP PENSACOLA, FL 32502

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

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012 0 0 0
202 0 0 0
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STUDER COMMUNITY INSTITUTE, INC.

FEIN 47-5657008

1019
F-1120
R. 01/22
Page 2 of 6
12/31/21

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Form with fields for Sign here, Title (CHAIRMAN), Preparer's signature (Claire Dunn), Date (11/15/22), Preparer's PTIN (P01577924), Firm's name (WARREN AVERETT, LLC), and address (350 W CEDAR STREET, SUITE 400 PENSACOLA, FL).

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
B. Florida Secretary of State document number:
C. Florida consolidated return? YES NO [X]
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 561490
F. A Florida extension of time was timely filed? YES NO [X]
G-1. Corporation is a member of a controlled group? YES NO [X]
G-2. Part of a federal consolidated return? YES NO [X]
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO [X]
H. Location of corporate books: 350 WEST CEDAR STREET, SUITE 300 PENSACOLA, FL 32502
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO [X]
J. Enter date of latest IRS audit:
K. Contact person concerning this return: CINDI BONNER
a) Contact person telephone number: 850-696-2414
b) Contact person e-mail address: KATHY@STUDERCDG.COM
L. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME STUDER COMMUNITY INSTITUTE, INC. FEIN 47-5657008 TAXABLE YEAR ENDING 12/31/21

<b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

<b>Schedule II - Subtractions from Federal Taxable Income</b>	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.



NAME STUDER COMMUNITY INSTITUTE, INC. FEIN 47-5657008 TAXABLE YEAR ENDING 12/31/21

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>		WITHIN FLORIDA		TOTAL EVERYWHERE	
		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) .....		6a. _____			
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....				6b. _____	
7. Rented property (8 times net annual rent)					
a. Rented property in Florida .....		7a. _____			
b. Rented property Everywhere .....				7b. _____	
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida .....		8a. _____			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere .....				8b. _____	
<b>III-C Sales Factor</b>			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			<b>N/A</b>		
2. Sales delivered or shipped to Florida purchasers				<b>N/A</b>	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
<b>III-D Special Apportionment Fractions (see instructions)</b>			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME STUDER COMMUNITY INSTITUTE, INC. FEIN 47-5657008 TAXABLE YEAR ENDING 12/31/21

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida ..... (Enter here and on Page 1, Line 8)	1. _____

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere .....		2. _____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 .....	3. _____
(Enter here and on Schedule II, Line 7)	



NAME STUDER COMMUNITY INSTITUTE, INC. FEIN 47-5657008 TAXABLE YEAR ENDING 12/31/21

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1,**

- |                                                                                                                          |     |    |       |
|--------------------------------------------------------------------------------------------------------------------------|-----|----|-------|
| 1. Florida income expected in taxable year .....                                                                         | 1.  | \$ | _____ |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... | 2.  | \$ | _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) .....                                                               | 3.  | \$ | _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3) .....                                                                    |     | \$ | _____ |
| Less: Credits against the tax .....                                                                                      |     | \$ | _____ |
|                                                                                                                          |     |    |       |
| 5. Computation of installments:                                                                                          |     |    |       |
| Payment due dates and                                                                                                    |     |    |       |
| payment amounts:                                                                                                         |     |    |       |
| If 6/30 year end, last day of 4th month,                                                                                 |     |    |       |
| otherwise last day of 5th month - Enter 0.25 of Line 4 .....                                                             | 5a. |    | _____ |
| Last day of 6th month - Enter 0.25 of Line 4 .....                                                                       | 5b. |    | _____ |
| Last day of 9th month - Enter 0.25 of Line 4 .....                                                                       | 5c. |    | _____ |
| Last day of fiscal year - Enter 0.25 of Line 4 .....                                                                     | 5d. |    | _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- |                                                                                 |     |    |       |
|---------------------------------------------------------------------------------|-----|----|-------|
| 1. Amended estimated tax .....                                                  | 1.  | \$ | _____ |
| 2. Less:                                                                        |     |    |       |
| (a) Amount of overpayment from last year elected for credit                     |     |    |       |
| to estimated tax and applied to date .....                                      | 2a. | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....    | 2b. | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) .....                                          | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) .....                                 | 3.  | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) ..... | 4.  | \$ | _____ |

**References**

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.*

*The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).*

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



STUDER COMMUNITY INSTITUTE, INC.

1019  
F-1120  
R. 01/22

FEIN 47-5657008  
DATA Page 1 of 2

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24

Whistleblowers, Inc



**BOARD OF COUNTY  
COMMISSIONERS  
ESCAMBIA COUNTY, FLORIDA**

OFFICE OF MANAGEMENT  
& BUDGET SERVICES  
221 PALAFOX PLACE,  
SUITE 440

PENSACOLA, FL 32502

Phone: (850) 595-4960

Fax: (850) 595-4810

[www.myescambia.com](http://www.myescambia.com)

March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

Stephan

Hall

Stephan Hall  
Finance Director  
Escambia County





**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- Submit a fully completed Agency Funding Request Application
- Submit a copy of your organization's current W-9

- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: Whistleblowers of America

Agency Address: 11130 Lillian Highway

Program Name for which funding is being requested: Veterans PEER UP

Amount Requested: \$12,900

Program Contact: Jacqueline Garrick

Contact Email: [jackie@whistleblowersofamerica.org](mailto:jackie@whistleblowersofamerica.org) Contact Phone: (202) 309-1870

25-Word Description of Program: To expand our services within the military/veterans community in providing certified benefits counseling and evidence based peer support education through our Workplace Promise Institute.

How many years has your organization been providing services in the County? 4

How many years has your organization received funding from the County? 1

Explain how receiving funds from the County would have a significant impact on your organization:

We are a small nonprofit with a big mission. As a volunteer network providing peer support to employees who are coping with a hostile work environment and veterans who need transition assistance, we do not charge fees for our services. WoA was founded on the belief that peer support can be the first line of defense against suicide or other deaths of despair. Funds from the county would help us facilitate our mission and grow as a resource in West Pensacola where there are few other nonprofits housed.

## **PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \$800.00 (Discretionary Funds)

Briefly discuss how last year's funds were used?

Funds last year went to local expenses for the Workplace Promise Institute and Retreat that we hosted at the Pensacola Beach Hilton. We hired a local sound system engineer, Native American Church yoga, sound bath, and drum circle instructors for the retreat and local actors for an awards dinner performance.

Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County?

We were able to bring our Workplace Promise Institute to the Gulf Coast. Forty people attended the training as well as those who participated virtually from around the world. The University of West Florida had social work student interns participate and provided continuing education certificates for some of the participants who needed credits.

## **CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County?

Our PEER UP program provides employees and veterans with advocacy and claims assistance. We are the only nongovernmental site on the west side of Pensacola offering these services from an accredited representative agent who does not charge a fee. It is an asset to the county because of the high percentage of veterans who live here. We can only help a few at a time and need to keep the office accessible and supported. We rely upon volunteers but we could improve our services if we could offer some compensation to those who come in to maintain the property or assist with copying, filing, and phone calls. We want to expand our peer support network but need to have basics covered for our operations to be successful

Is your program a governmental function or requirement? If a governmental request, please cite regulatory/statutory requirement.

Please explain: We are not required by the government. Although NO FEAR Act training that we support is a Federal mandate.

## **SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area:

We have not found other organizations that do exactly what we do for employees. However, because our mission is based on suicide prevention, we are members of the EscaRosa Suicide Prevention Coalition and due to our work with veterans we are involved with the Pensacola Veterans Service Network at University of West Florida and the Gulf Coast Veterans Advisory Council. We are also working with Pensacola State College on a potential Certificate of Completion in Peer Support so that we can train more military/veterans and their families in our model as an extension of our Workplace Promise Institute activities.

Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program.

There are few peer support based programs in the area that offer education and training along with advocacy and assistance in navigating complex Federal agency programs.

## **FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: 75%
- Percentage for direct programming costs: 25 %

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

We will offset the difference through our other donor and sponsorship efforts. We are applying for other grants that can cover other costs.

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

We do not have any current matching options at this time, but would appreciate any connection to such

programs that the county has a relationship.

Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for.

1. Sunday's Child - was denied last year but we are in the process of an application now as well. We will itemize different aspects of the program
2. Impact 100 - We have been in the learning process for this program but intend to submit an application this year.

**GOALS AND METRICS**

Provide "Specific and Measurable" metrics in the following three sections:

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
Conference attendance	N/A	66		
Veteran claims consultation & processing.	5	17		
Peer support education delivered	10	31		

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1. Expand veteran and family peer support education	25%
2. Expand capacity to process veterans claims	10%
3. Continue to offer an annual Workplace Promise Institute Conference	25%

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1. Bring a Workplace Promise Institute conference and retreat to the Gulf Coast	100%
2. Pass the VA Veterans Representative Agent Exam and formally assist veterans as a power of attorney	100%

**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. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources	\$7593.16	\$50,000	
Programmatic Income	\$6669.99	\$100,000	\$150,000
County Funding/Direct Contribution	\$800.00	0	\$12,900
County Funding by Other Source (a)	0	0	0
City Funding	0	\$800	\$1000
Local Non-Profit Funding	0	\$200,000	\$250,000
State Funding	0	\$100,000	\$150,000
Federal Funding	0	\$300,000	\$300,000
Memberships	0	\$10,000	\$10,000
Investment Income	0	0	
Other Income (b)	\$3500.00	\$10,000	\$10,000
Total Income	\$18,563.15	\$770,800	\$873,900
Current Net Income 6/27/2023		\$10,101.03	

- (a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.)

Discretionary funding from Commissioner May.

(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_

<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff	4	5	5
Salaries and Wages	0	\$400,000	\$400,000
Employee Benefits	0	\$50,000	\$50,000
Professional Services	\$1250.00	\$10,000	\$10,000
Contractual Services	\$1185.00	\$2,000	\$2,000
Travel Expenses	\$2024.40	\$5,000	\$7,000
Rentals and Leases	\$13,200.00	\$13200.00	\$13,200
Communication	0	\$5000	\$5,000
Postage and Freight	0	0	\$100
Repair and Maintenance	\$500.00	0	\$1,200
Printing and Binding	\$1572.55	\$2000.00	\$2,000
Marketing and Promotion	\$2385.87	\$5000.00	\$5,000
Fuel	0	\$500.00	\$500
Supplies	\$54.72	\$200	\$200
Event Expenses	\$16748.67	\$10,000.00	\$32,000
Capitalizable Assets for County Funding (a)			
Other Expenses (b)	\$626.65		
Total Expenses	\$39,547.86	\$502,900	\$528,200
Net Income - (Revenue minus Expense)	-\$20,984.71		

(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request.

None

(b) Please explain any request listed in the "Other Expenses" line item. \_\_\_\_\_

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**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? \_Calendar

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. Our financial statements are monthly.

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3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds?

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4. Please list the salary of the top 5 employees, names and positions of your organization. N/A. We do not pay salaries. We only hire consultants to work on specific projects as needed. The primary work of the network depends on volunteers.

Name	Position	Salary
N/A		

5. Please provide the total amount of cash and investments on hand.

\$15,890.80

6. Does your organization charge fees for services? If so, provide a list of fees charged.

No fees are charged to clients.

7. Does your organization require background checks from volunteers and staff? No

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: N/A

I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

*Jacqueline Garrick*

\_\_\_\_\_  
Name

\_\_\_\_\_  
\_President/CEO  
Title

03/09/2023  
Date

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ACCOUNT SUMMARY FOR PERIOD JANUARY 01, 2022 - JANUARY 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 12/31/21	\$17,728.33	Number of Days in Cycle	31
0 Deposits/Credits	\$0.00	Minimum Balance This Cycle	\$16,983.14
4 Checks/Debits	(\$745.19)	Average Collected Balance	\$17,343.78
Service Charges	\$0.00		
Ending Balance 01/31/22	\$16,983.14		

ACCOUNT DETAIL FOR PERIOD JANUARY 01, 2022 - JANUARY 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
01/14	ACH Withdrawal PAYPAL INST XFER 011422 WHISTLEBLOWERS OF AMER RUNNINGNAME		\$518.59	\$17,209.74
01/19	Debit Card Purchase 011922 J J KELLER ASSOCIATE 8005585011 WI		\$54.72	\$17,155.02
01/19	Debit Card Purchase 011922 SQ THE POWERLINK EXPO GOSQ COM FL		\$100.00	\$17,055.02
01/24	Debit Card Purchase 012422 DNH GODADDY COM 480 5058855 AZ		\$71.88	\$16,983.14
<b>Total</b>		\$0.00	\$745.19	

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ACCOUNT SUMMARY FOR PERIOD FEBRUARY 01, 2022 - FEBRUARY 28, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 01/31/22	\$16,983.14	Number of Days in Cycle	28
3 Deposits/Credits	\$368.75	Minimum Balance This Cycle	\$16,592.61
3 Checks/Debits	(\$759.28)	Average Collected Balance	\$16,641.80
Service Charges	\$0.00		
Ending Balance 02/28/22	\$16,592.61		

ACCOUNT DETAIL FOR PERIOD FEBRUARY 01, 2022 - FEBRUARY 28, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
02/01	ACH deposit PAYPAL TRANSFER 020122 WHISTLEBLOWERS OF AMER 1018235601773	\$272.66		\$17,255.80
02/01	Debit Card Purchase 020122 COLLEGIATE PRODUCTIONS WHITE PLAINS NY		\$564.28	\$16,691.52
02/02	ACH Withdrawal BKOFAM CK WEBXFR TRANSFER 020222 JACQUELINE GARRICK 4465037633		\$75.00	\$16,616.52
02/15	ACH deposit NETWORK FOR GOOD CORP PMT 021522 WHISTLEBLOWERS OF AMER 7952671	\$40.00		\$16,656.52
02/17	ACH deposit PAYPAL TRANSFER 021722 WHISTLEBLOWERS OF AMER 1018519785000	\$56.09		\$16,712.61
02/24	ACH Withdrawal PAYPAL INST XFER 022422 WHISTLEBLOWERS OF AMER RUNNINGNAME		\$120.00	\$16,592.61
<b>Total</b>		<b>\$368.75</b>	<b>\$759.28</b>	

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ACCOUNT SUMMARY FOR PERIOD MARCH 01, 2022 - MARCH 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 02/28/22	\$16,592.61	Number of Days in Cycle	31
1 Deposits/Credits	\$10.67	Minimum Balance This Cycle	\$15,172.30
4 Checks/Debits	(\$1,430.98)	Average Collected Balance	\$16,102.12
Service Charges	\$0.00		
Ending Balance 03/31/22	\$15,172.30		

ACCOUNT DETAIL FOR PERIOD MARCH 01, 2022 - MARCH 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
03/03	ACH deposit AMZNJ7NOIEFO AmazonSmil 030322 JACQUELINE GARRICK 3T156JX5J537I5N	\$10.67		\$16,603.28
03/08	Debit Card Purchase 030822 NIC DIVISION OF CORP 8502456855 FL		\$70.00	\$16,533.28
03/09	Debit Card Purchase 030922 NASW RISK RETENTION GR 8004474982 IL		\$426.65	\$16,106.63
03/22	Mobile Debit Purchase 032222 AMAZON COM 1N0AQ9RO1 AMZN COM BIL WA		\$47.35	\$16,059.28
03/28	Mobile Debit Purchase 032822 AMAZON COM 165LD4420 AMZN COM BIL WA		\$886.98	\$15,172.30
<b>Total</b>		\$10.67	\$1,430.98	

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ACCOUNT SUMMARY FOR PERIOD APRIL 01, 2022 - APRIL 29, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 03/31/22	\$15,172.30	Number of Days in Cycle	29
2 Deposits/Credits	\$127.36	Minimum Balance This Cycle	\$15,172.30
0 Checks/Debits	\$0.00	Average Collected Balance	\$15,255.74
Service Charges	\$0.00		
Ending Balance 04/29/22	\$15,299.66		

ACCOUNT DETAIL FOR PERIOD APRIL 01, 2022 - APRIL 29, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
04/05	Mobile Deposit	\$75.00		\$15,247.30
04/19	ACH deposit U-HAUL INT'L DLR PYMNTS 041922 WHISTLEBLOWERS OF AM 24202	\$52.36		\$15,299.66
<b>Total</b>		\$127.36	\$0.00	

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ACCOUNT SUMMARY FOR PERIOD MAY 01, 2022 - MAY 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 04/30/22	\$15,299.66	Number of Days in Cycle	31
6 Deposits/Credits	\$2,097.43	Minimum Balance This Cycle	\$15,299.66
3 Checks/Debits	(\$977.95)	Average Collected Balance	\$16,344.03
Service Charges	\$0.00		
Ending Balance 05/31/22	\$16,419.14		

ACCOUNT DETAIL FOR PERIOD MAY 01, 2022 - MAY 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
05/03	ACH deposit U-HAUL INT'L DLR PYMNTS 050322 WHISTLEBLOWERS OF AM 24202	\$57.65		\$15,357.31
05/05	ACH deposit PAYPAL TRANSFER 050522 WHISTLEBLOWERS OF AMER 1019918328117	\$1,970.68		\$17,327.99
05/05	ACH Withdrawal PAYPAL INST XFER 050522 WHISTLEBLOWERS OF AMER RUNNINGNAME		\$300.00	\$17,027.99
05/09	Mobile Debit Purchase 050922 SQ SABRE DESIGN GOSQ COM CA		\$635.00	\$16,392.99
05/10	ACH deposit U-HAUL INT'L DLR PYMNTS 051022 WHISTLEBLOWERS OF AM 24202	\$36.09		\$16,429.08
05/11	Intl Debit Card Purchase 051122 WC CON FEE EVENT ROBERTS CREE BC		\$42.95	\$16,386.13
05/17	ACH deposit U-HAUL INT'L DLR PYMNTS 051722 WHISTLEBLOWERS OF AM 24202	\$12.00		\$16,398.13

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ACCOUNT DETAIL CONTINUED FOR PERIOD MAY 01, 2022 - MAY 31, 2022

<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
05/24	ACH deposit U-HAUL INT'L DLR PYMNTS 052422 WHISTLEBLOWERS OF AM 24202	\$15.33		\$16,413.46
05/31	ACH deposit AMZNRWHF3JE8 AmazonSmil 053122 JACQUELINE GARRICK 52FBH9Q9P8QWC9Q	\$5.68		\$16,419.14
<b>Total</b>		\$2,097.43	\$977.95	



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ACCOUNT SUMMARY FOR PERIOD JUNE 01, 2022 - JUNE 30, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 05/31/22	\$16,419.14	Number of Days in Cycle	30
6 Deposits/Credits	\$1,903.51	Minimum Balance This Cycle	\$16,419.14
7 Checks/Debits	(\$1,071.55)	Average Collected Balance	\$17,433.96
Service Charges	\$0.00		
Ending Balance 06/30/22	\$17,251.10		

ACCOUNT DETAIL FOR PERIOD JUNE 01, 2022 - JUNE 30, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
06/01	ACH deposit U-HAUL INT'L DLR PYMNTS 060122 WHISTLEBLOWERS OF AM 24202	\$407.51		\$16,826.65
06/07	ACH deposit U-HAUL INT'L DLR PYMNTS 060722 WHISTLEBLOWERS OF AM 24202	\$379.42		\$17,206.07
06/14	ACH deposit U-HAUL INT'L DLR PYMNTS 061422 WHISTLEBLOWERS OF AM 24202	\$173.27		\$17,379.34
06/16	ACH deposit PAYPAL TRANSFER 061622 WHISTLEBLOWERS OF AMER 1020701439586	\$637.70		\$18,017.04
06/16	ACH Withdrawal U-HAUL INT'L COLLECTION 061622 WHISTLEBLOWERS OF AM 24202		\$136.70	\$17,880.34
06/22	ACH deposit U-HAUL INT'L DLR PYMNTS 062222 WHISTLEBLOWERS OF AM 24202	\$191.72		\$18,072.06
06/27	Recur Debit Card Purchase 062722 ZOOM US 888 799 9666 SAN JOSE CA		\$549.90	\$17,522.16

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WHISTLEBLOWERS OF AMERICA

ACCOUNT DETAIL CONTINUED FOR PERIOD JUNE 01, 2022 - JUNE 30, 2022

<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
06/27	ACH Withdrawal PAYPAL INST XFER 062722 WHISTLEBLOWERS OF AMER GULFCOASTCI		\$60.00	\$17,462.16
06/28	ACH deposit U-HAUL INT'L DLR PYMNTS 062822 WHISTLEBLOWERS OF AM 24202	\$113.89		\$17,576.05
06/28	Debit Card Purchase 062822 WB SUMMIT WHISTLEBLOW PINE BLUFF AR		\$50.00	\$17,526.05
06/28	Debit Card Purchase 062822 WB SUMMIT WHISTLEBLOW PINE BLUFF AR		\$75.00	\$17,451.05
06/28	Debit Card Purchase 062822 WB SUMMIT WHISTLEBLOW PINE BLUFF AR		\$99.95	\$17,351.10
06/28	Debit Card Purchase 062822 WB SUMMIT WHISTLEBLOW PINE BLUFF AR		\$100.00	\$17,251.10
<b>Total</b>		\$1,903.51	\$1,071.55	



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ACCOUNT SUMMARY FOR PERIOD JULY 01, 2022 - JULY 29, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 06/30/22	\$17,251.10	Number of Days in Cycle	29
6 Deposits/Credits	\$2,159.33	Minimum Balance This Cycle	\$17,251.10
3 Checks/Debits	(\$377.83)	Average Collected Balance	\$17,828.63
Service Charges	\$0.00		
Ending Balance 07/29/22	\$19,032.60		

ACCOUNT DETAIL FOR PERIOD JULY 01, 2022 - JULY 29, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
07/06	ACH deposit U-HAUL INT'L DLR PYMNTS 070622 WHISTLEBLOWERS OF AM 24202	\$183.86		\$17,434.96
07/07	ACH Withdrawal U-HAUL INT'L COLLECTION 070722 WHISTLEBLOWERS OF AM 24202		\$157.83	\$17,277.13
07/12	ACH deposit U-HAUL INT'L DLR PYMNTS 071222 WHISTLEBLOWERS OF AM 24202	\$301.26		\$17,578.39
07/18	Debit Card Purchase 071822 NIC FL SUNBIZ ORG 8502456939 FL		\$70.00	\$17,508.39
07/19	ACH deposit U-HAUL INT'L DLR PYMNTS 071922 WHISTLEBLOWERS OF AM 24202	\$296.92		\$17,805.31
07/22	Mobile Deposit	\$1,000.00		\$18,805.31
07/25	ACH Withdrawal PAUL PEARSON ONLINE PMT 072522 WHISTLEBLOWERS OF AMER CKFXXXXX8438POS		\$150.00	\$18,655.31
07/26	ACH deposit U-HAUL INT'L DLR PYMNTS 072622 WHISTLEBLOWERS OF AM 24202	\$327.29		\$18,982.60

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WHISTLEBLOWERS OF AMERICA

ACCOUNT DETAIL CONTINUED FOR PERIOD JULY 01, 2022 - JULY 29, 2022

<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
07/26	Mobile Deposit	\$50.00		\$19,032.60
<b>Total</b>		\$2,159.33	\$377.83	



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ACCOUNT SUMMARY FOR PERIOD AUGUST 01, 2022 - AUGUST 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 07/31/22	\$19,032.60	Number of Days in Cycle	31
9 Deposits/Credits	\$5,300.19	Minimum Balance This Cycle	\$19,032.60
1 Checks/Debits	(\$1.05)	Average Collected Balance	\$22,223.83
Service Charges	\$0.00		
Ending Balance 08/31/22	\$24,331.74		

ACCOUNT DETAIL FOR PERIOD AUGUST 01, 2022 - AUGUST 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
08/02	ACH deposit Eventbrite, INC. EDI PYMNTS 080222 Whistleblowers of Amer 3-38563789	\$400.00		\$19,432.60
08/02	ACH deposit U-HAUL INT'L DLR PYMNTS 080222 WHISTLEBLOWERS OF AM 24202	\$156.88		\$19,589.48
08/08	Customer Deposit	\$1,250.00		\$20,839.48
08/09	ACH deposit U-HAUL INT'L DLR PYMNTS 080922 WHISTLEBLOWERS OF AM 24202	\$563.51		\$21,402.99
08/09	ACH deposit PAYPAL TRANSFER 080922 WHISTLEBLOWERS OF AMER 1021677013142	\$129.22		\$21,532.21
08/16	Mobile Deposit	\$1,500.00		\$23,032.21
08/16	ACH deposit U-HAUL INT'L DLR PYMNTS 081622 WHISTLEBLOWERS OF AM 24202	\$477.15		\$23,509.36
08/22	Mobile Deposit	\$800.00		\$24,309.36
08/23	ACH deposit U-HAUL INT'L DLR PYMNTS 082322 WHISTLEBLOWERS OF AM 24202	\$23.43		\$24,332.79

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WHISTLEBLOWERS OF AMERICA

ACCOUNT DETAIL CONTINUED FOR PERIOD AUGUST 01, 2022 - AUGUST 31, 2022

<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
08/26	Debit Card Purchase 082622 GOOGLE USA TODAY G CO HELPPAY CA		\$1.05	\$24,331.74
<b>Total</b>		\$5,300.19	\$1.05	



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ACCOUNT SUMMARY FOR PERIOD SEPTEMBER 01, 2022 - SEPTEMBER 30, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 08/31/22	\$24,331.74	Number of Days in Cycle	30
10 Deposits/Credits	\$6,182.90	Minimum Balance This Cycle	\$19,410.36
14 Checks/Debits	(\$8,615.99)	Average Collected Balance	\$22,466.56
Service Charges	\$0.00		
Ending Balance 09/30/22	\$21,898.65		

ACCOUNT DETAIL FOR PERIOD SEPTEMBER 01, 2022 - SEPTEMBER 30, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
09/01	Debit Card Purchase 090122 NEXSTAR IRVING TX		\$3,000.00	\$21,331.74
09/02	Wire transfer deposit WHISPLI INC. 090222 USD20222450657200	\$1,000.00		\$22,331.74
09/02	ACH deposit AMZNJ3U4VUF4 AmazonSmil 090222 JACQUELINE GARRICK 7EPWQYQIEA3AQC1	\$14.50		\$22,346.24
09/02	Wire transfer fee WHISPLI INC. 090222		\$15.00	\$22,331.24
09/06	Check 2550		\$1,185.00	\$21,146.24
09/07	ACH deposit U-HAUL INT'L DLR PYMNTS 090722 WHISTLEBLOWERS OF AM 24202	\$421.50		\$21,567.74
09/07	Debit Card Purchase 090722 THE UPS STORE 3517 PENSACOLA FL		\$3.22	\$21,564.52
09/07	Debit Card Purchase 090722 THE UPS STORE 3517 PENSACOLA FL		\$4.05	\$21,560.47
09/07	ACH Withdrawal HARLAND CLARKE CHK ORDERS 090722 WHISTLEBLOWERS OF AMER 1Z3C97831256200		\$79.15	\$21,481.32

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## WHISTLEBLOWERS OF AMERICA

ACCOUNT DETAIL CONTINUED FOR PERIOD SEPTEMBER 01, 2022 - SEPTEMBER 30, 2022

Date	Description	Deposits/Credits	Withdrawals/Debits	Resulting Balance
09/08	Debit Card Purchase Return 090822 WB SUMMIT WHISTLEBLOW PINE BLUFF AR	\$100.00		\$21,581.32
09/08	Debit Card Purchase Return 090822 WB SUMMIT WHISTLEBLOW PINE BLUFF AR	\$75.00		\$21,656.32
09/08	Debit Card Purchase 090822 AWARD MASTERS INC PENSACOLA FL		\$268.21	\$21,388.11
09/08	Debit Card Purchase 090822 FEDEX OFFIC77800007781 PENSACOLA FL		\$727.75	\$20,660.36
09/12	Check 995005		\$1,250.00	\$19,410.36
09/13	ACH deposit U-HAUL INT'L DLR PYMNTS 091322 WHISTLEBLOWERS OF AM 24202	\$416.77		\$19,827.13
09/15	ACH deposit Eventbrite, INC. EDI PYMNTS 091522 Whistleblowers of Amer 3-41668659	\$3,800.00		\$23,627.13
09/15	ACH deposit NETWORK FOR GOOD CORP PMT 091522 WHISTLEBLOWERS OF AMER 8295448	\$170.00		\$23,797.13
09/20	ACH deposit U-HAUL INT'L DLR PYMNTS 092022 WHISTLEBLOWERS OF AM 24202	\$97.44		\$23,894.57
09/27	ACH deposit U-HAUL INT'L DLR PYMNTS 092722 WHISTLEBLOWERS OF AM 24202	\$87.69		\$23,982.26
09/27	Check 1001		\$250.00	\$23,732.26
09/28	Debit Card Purchase 092822 THE UPS STORE 3517 PENSACOLA FL		\$168.28	\$23,563.98
09/30	ACH Withdrawal PAYPAL INST XFER 093022 WHISTLEBLOWERS OF AMER GRUNTSTYLE		\$746.90	\$22,817.08
09/30	Check 1002		\$500.00	\$22,317.08
09/30	Check 1003		\$418.43	\$21,898.65
<b>Total</b>		\$6,182.90	\$8,615.99	

### Spark Basic Checking 00001360428970

### WHISTLEBLOWERS OF AMERICA

Checks \* designates gap in check sequence

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
1001	09/27	\$250.00	1003	09/30	\$418.43	995005*	09/12	\$1,250.00
1002	09/30	\$500.00	2550*	09/06	\$1,185.00			



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ACCOUNT SUMMARY FOR PERIOD OCTOBER 01, 2022 - OCTOBER 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 09/30/22	\$21,898.65	Number of Days in Cycle	31
5 Deposits/Credits	\$3,966.28	Minimum Balance This Cycle	\$21,898.65
2 Checks/Debits	(\$2,275.03)	Average Collected Balance	\$23,938.44
Service Charges	\$0.00		
Ending Balance 10/31/22	\$23,589.90		

ACCOUNT DETAIL FOR PERIOD OCTOBER 01, 2022 - OCTOBER 31, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
10/04	ACH deposit U-HAUL INT'L DLR PYMNTS 100422 WHISTLEBLOWERS OF AM 24202	\$83.99		\$21,982.64
10/06	Mobile Deposit	\$3,500.00		\$25,482.64
10/11	Check 995006		\$1,399.03	\$24,083.61
10/12	ACH deposit U-HAUL INT'L DLR PYMNTS 101222 WHISTLEBLOWERS OF AM 24202	\$211.57		\$24,295.18
10/18	ACH deposit U-HAUL INT'L DLR PYMNTS 101822 WHISTLEBLOWERS OF AM 24202	\$119.87		\$24,415.05
10/25	ACH deposit U-HAUL INT'L DLR PYMNTS 102522 WHISTLEBLOWERS OF AM 24202	\$50.85		\$24,465.90
10/28	Check 1004		\$876.00	\$23,589.90
<b>Total</b>		\$3,966.28	\$2,275.03	

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WHISTLEBLOWERS OF AMERICA

ACCOUNT DETAIL CONTINUED FOR PERIOD OCTOBER 01, 2022 - OCTOBER 31, 2022

**Spark Basic Checking 00001360428970**

**WHISTLEBLOWERS OF AMERICA**

**Checks** \* designates gap in check sequence

<i>Check No.</i>	<i>Date</i>	<i>Amount</i>	<i>Check No.</i>	<i>Date</i>	<i>Amount</i>	<i>Check No.</i>	<i>Date</i>	<i>Amount</i>
1004	10/28	\$876.00	995006*	10/11	\$1,399.03			



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ACCOUNT SUMMARY FOR PERIOD NOVEMBER 01, 2022 - NOVEMBER 30, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>	
Previous Balance 10/31/22	\$23,589.90	Number of Days in Cycle	30
9 Deposits/Credits	\$2,584.52	Minimum Balance This Cycle	\$23,589.90
4 Checks/Debits	(\$1,394.00)	Average Collected Balance	\$24,239.38
Service Charges	\$0.00		
Ending Balance 11/30/22	\$24,780.42		

ACCOUNT DETAIL FOR PERIOD NOVEMBER 01, 2022 - NOVEMBER 30, 2022

<b>Spark Basic Checking 00001360428970</b>		<b>WHISTLEBLOWERS OF AMERICA</b>		
<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
11/01	ACH deposit U-HAUL INT'L DLR PYMNTS 110122 WHISTLEBLOWERS OF AM 24202	\$65.77		\$23,655.67
11/08	ACH deposit U-HAUL INT'L DLR PYMNTS 110822 WHISTLEBLOWERS OF AM 24202	\$194.98		\$23,850.65
11/08	Mobile Deposit	\$35.00		\$23,885.65
11/15	ACH deposit U-HAUL INT'L DLR PYMNTS 111522 WHISTLEBLOWERS OF AM 24202	\$220.38		\$24,106.03
11/16	Check 1006		\$215.00	\$23,891.03
11/18	Mobile Deposit	\$265.00		\$24,156.03
11/21	ACH deposit PAYPAL TRANSFER 112122 WHISTLEBLOWERS OF AMER 1023594566685	\$1,741.44		\$25,897.47
11/21	ACH deposit AMZNLTR9BUIK AmazonSmil 112122 JACQUELINE GARRICK 1A9YXYTLQJVXF29	\$14.56		\$25,912.03
11/22	ACH deposit U-HAUL INT'L DLR PYMNTS 112222 WHISTLEBLOWERS OF AM 24202	\$41.70		\$25,953.73

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WHISTLEBLOWERS OF AMERICA

ACCOUNT DETAIL CONTINUED FOR PERIOD NOVEMBER 01, 2022 - NOVEMBER 30, 2022

<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
11/22	IAT ACH Withdrawal WOODPECKER.CO SP IAT PAYPAL 112222 WHISTLEBLOWERS OF AMER 1023627595778		\$4.00	\$25,949.73
11/23	Debit Card Purchase 112322 SQ GRAPHIC GROOVES CO GOSQ COM FL		\$175.00	\$25,774.73
11/23	Check 1005		\$1,000.00	\$24,774.73
11/29	ACH deposit U-HAUL INT'L DLR PYMNTS 112922 WHISTLEBLOWERS OF AM 24202	\$5.69		\$24,780.42
<b>Total</b>		\$2,584.52	\$1,394.00	

**Spark Basic Checking 00001360428970**

**WHISTLEBLOWERS OF AMERICA**

**Checks** \* designates gap in check sequence

<i>Check No.</i>	<i>Date</i>	<i>Amount</i>	<i>Check No.</i>	<i>Date</i>	<i>Amount</i>	<i>Check No.</i>	<i>Date</i>	<i>Amount</i>
1005	11/23	\$1,000.00	1006	11/16	\$215.00			



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ACCOUNT SUMMARY FOR PERIOD DECEMBER 01, 2022 - DECEMBER 30, 2022

Spark Basic Checking 00001360428970		WHISTLEBLOWERS OF AMERICA	
Previous Balance 11/30/22	\$24,780.42	Number of Days in Cycle	30
5 Deposits/Credits	\$714.89	Minimum Balance This Cycle	\$15,550.53
4 Checks/Debits	(\$9,802.45)	Average Collected Balance	\$17,757.40
Service Charges	\$0.00		
Ending Balance 12/30/22	\$15,692.86		

ACCOUNT DETAIL FOR PERIOD DECEMBER 01, 2022 - DECEMBER 30, 2022

Spark Basic Checking 00001360428970		WHISTLEBLOWERS OF AMERICA		
Date	Description	Deposits/Credits	Withdrawals/Debits	Resulting Balance
12/06	ACH deposit U-HAUL INT'L DLR PYMNTS 120622 WHISTLEBLOWERS OF AM 24202	\$185.47		\$24,965.89
12/07	ACH deposit PAYPAL TRANSFER 120722 WHISTLEBLOWERS OF AMER 1023950932583	\$237.88		\$25,203.77
12/08	Debit Card Purchase 120822 HILTON PENSACOLA BEACH PENSACOLA BE FL		\$9,653.24	\$15,550.53
12/13	ACH deposit U-HAUL INT'L DLR PYMNTS 121322 WHISTLEBLOWERS OF AM 24202	\$204.30		\$15,754.83
12/15	ACH deposit PAYPAL TRANSFER 121522 WHISTLEBLOWERS OF AMER 1024114441268	\$48.06		\$15,802.89
12/20	Check 1007		\$84.14	\$15,718.75
12/22	ACH Withdrawal U-HAUL INT'L COLLECTION 122222 WHISTLEBLOWERS OF AM 24202		\$61.07	\$15,657.68

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WHISTLEBLOWERS OF AMERICA

ACCOUNT DETAIL CONTINUED FOR PERIOD DECEMBER 01, 2022 - DECEMBER 30, 2022

<i>Date</i>	<i>Description</i>	<i>Deposits/Credits</i>	<i>Withdrawals/Debits</i>	<i>Resulting Balance</i>
12/22	IAT ACH Withdrawal WOODPECKER.CO SP IAT PAYPAL 122222 WHISTLEBLOWERS OF AMER 1024254181286		\$4.00	\$15,653.68
12/28	ACH deposit U-HAUL INT'L DLR PYMNTS 122822 WHISTLEBLOWERS OF AM 24202	\$39.18		\$15,692.86
<b>Total</b>		\$714.89	\$9,802.45	

**Spark Basic Checking 00001360428970**

**WHISTLEBLOWERS OF AMERICA**

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<i>Check No.</i>	<i>Date</i>	<i>Amount</i>	<i>Check No.</i>	<i>Date</i>	<i>Amount</i>	<i>Check No.</i>	<i>Date</i>	<i>Amount</i>
1007	12/20	\$84.14						

